

JUST LOOSEN UP 'AND START TALKING!



Advice from Nova Scotian Youth
for Improving their Sexual Health

Public Health Services


NOVA SCOTIA
Department of Health

11026/02


Planned
Parenthood
Nova Scotia

JUST
LOOSEN UP
AND
START
TALKING!

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NOVA SCOTIA SEXUAL HEALTH NEEDS & RESOURCES ASSESSMENT

Just Loosen Up and Start Talking!

Introduction

The voices and the stories found in these pages are incredibly rich. Having worked with this material for six months, I still find the words of the youth exciting and challenging.

Youth who were approached by the interviewers to talk about their sexuality demonstrated a great openness and willingness to tell their stories and talked about their experience in accessing resources needed. Through face-to-face interviews with other youth, they described their experiences with their own sexuality, their needs and visions for achieving sexual health, and their challenges in accessing resources needed. Many of the youth indicated that the interview was, in fact, a welcomed opportunity to talk about a topic that is usually treated with silence. Not only did the youth tell their stories, but they wisely offered practical direction to the adult world for how to improve youth sexual health. Their wisdom is found in the pages of this report and summed up in the title, *Just Loosen Up and Start Talking!*

The outcome of this recognition of the need for a **stronger voice for sexual health** was to redesign the final report to become more than a "final report". *Just Loosen Up and Start Talking* has been designed as a resource that holds a collective voice of Nova Scotian youth - their stories and their advice for improving their sexual health. This resource can be used by youth and youth advocates as a community development tool. It includes experiences, questions and themes. It provides some advice, but *not* the solutions. The solutions will come in the continuing dialogue of government, agencies, communities and families *with* their youth. This resource provides an opportunity to develop those solutions together.

The heart of this document is held in the selections "Nova Scotian Youth Talk About" Each of these themes contains responses collected from the youth survey. The individual themes are followed by "Nova Scotian Youth Recommend," which is a summary of their advice, given throughout the report. To facilitate the use of this document for discussion, a "Tools" section has been included. This list of questions can be used by families, communities, classrooms or government to continue the dialogue initiated by this report. "Tools" also contains a self-evaluation tool, which may be useful to both educators and service providers for periodic reviews of the quality of resources for sexual health being provided.

The next section, "Resources," contains a map of the office locations and services of Planned Parenthood Nova Scotia, as well as a directory of the Sexuality Education Resource Nurses of the Nova Scotia Department of Health.

Finally, on a personal note, "Researcher's Reflections" gives the reader a glimpse of the impact of this research process on the author, who is also a parent of teenagers.

Background

This research project was prompted by the experience of Planned Parenthood Nova Scotia (PPNS) working with youth through their provincial office and five local affiliates. Through the provision of daily services, it became clear that services are not available everywhere that they are needed. Unmet needs of youth and other marginalized people for attaining or maintaining sexual health were highlighted daily. Outside of PPNS offices, there seemed to be few environments for young people to obtain the information and services needed in an accepting, respectful, confidential, non-judgmental way.

The rural nature of Nova Scotia was recognized by this organization as one principal difficulty in the provision of sexual health resources. Specifically, isolation, lack of accessible and systematic sexual health services and education, lack of accessible transportation, and confidentiality concerns were seen as key barriers to sexual health.

These concerns prompted PPNS to initiate this research project. The Nova Scotia Department of Health also recognized that there were significant gaps in sexual health resources in the province and thus provided financial and advisory support. As the province moves forward into a regionalized health system the need for assistance in identifying the barriers that youth encounter in services was seen as timely. The aim of this research project was to provide a basis upon which to begin strengthening youth sexual health services using youth involvement in the needs assessment process.

Methodology

"Sexuality", for the purposes of this study, is a basic and natural part of every human being and includes issues of self-esteem, personal relationships, values, beliefs, socialization, responsibility in decision-making as well as issues of choice in sexual activity. The World Health Organization defines **"sexual health"** as the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual health involves freedom from disorders or diseases that interfere with sexual and reproductive function. A **community action research approach** was chosen for this project: so that youth would be directly involved in the project in a way that would stimulate their learning and empowerment; to increase awareness of issues of sexual health; and to facilitate the involvement of both youth and providers of sexual health resources to help shape the final results and recommendations.

Toward that end, seventeen youth from around the province were trained, at a week-end retreat, to interview other youth about their sexuality. These interviewers did 220 face to face interviews with a diverse cross section of Nova Scotia youth in August, 1995. The interviews were designed to answer the following questions:

- To what extent and with what level of satisfaction are youth accessing resources, both education and services, for their sexual health?
- What prevents youth from accessing sexual health resources?
- What are the qualities that create accessibility?
- What is working in the promotion of sexual health?
- What are the attitudes, perceptions and behaviours of youth regarding their sexuality?
- How can the province, communities and families better respond to youth needs?

Sampling was by convenience of the interviewer, within guidelines intended to provide data from a diverse population of youth. Diversity was intentionally included in the following areas: gender, age, cultural, sexual orientation, abilities, situational and geographical. Table 1 outlines the profile of the youth respondents to the survey.

Table 1 : Youth Profile

Counties:	Every county is represented by a number of youth; that number being based on the county's percentage of the Nova Scotia youth population.	
No. of interviews per Health Region:		
	Western	48
	Central	90
	Northern	32
	Eastern	50
	<i>Total</i>	<i>220</i>
Rural youth:	Two-thirds of the youth surveyed live in the rural counties and towns of Nova Scotia because of particular interest in their lack of access to resources.	
Gender:	Results were planned to reflect the experience of both males and females. The resulting data does hold representative proportions, with 51% female respondents and 49% male.	
Age range of respondents (14 - 24 years):		
	age 14 - 16	29%
	age 17 - 19	40%
	age 20 - 24	31%
Ethnic Origin:	Black youth represent	8% of those surveyed
	Acadian youth	5%, and
	Native youth	5%.
	(Each percentage is slightly higher than their representation in the general population.)	
Identify with a Religion:	A full 43% of respondents said they are Christian.	
Sexual Orientation:	Sixty-five percent of the respondents identified as heterosexual. Those identifying as lesbian, gay or bisexual represented 15%, slightly higher than their estimated numbers in the general population (10%).	
Other:	Those interviewed included 6 teen mothers, 3 youth who have experience with the mental health system and 13 who identify as having physical health limitations. 63 youth (29% of total youth surveyed) who are currently not in school were interviewed. A number of these youth are beyond high school age. Sixteen percent of those out-of-school youth are aged 14 to 19.	

The results of this survey, told as much as possible in youth's own voices, are found in the pages of this report, arranged by theme. *The names of youth have been changed in the report to protect their confidentiality.*

To further develop the picture of sexual health resources in the province, interviews were also done with providers of sexual health resources in each of the health regions. Providers reported on sexual health services and education available, and identified their views of barriers and gaps in the provision of needed resources. The report of those interviews, *Providers of Sexual Health Resources*, is summarized in this document (Appendix A).

The final component of this research project is the *Literature Review*. Comparing the findings of this study to other research, and with what is occurring in other parts of Canada and the world, is an important way to develop a context for the Nova Scotian youth experience. The literature review is summarized as Appendix B.

Full versions of the providers survey and the literature review, along with a summary of youth questionnaire responses, are available in a separate *Technical Report* from the Nova Scotia Government Bookstore.

The Results



Sexual Activity

Based on their own definition of "being sexually active," youth talk about that activity, whether it is generally a positive or negative experience, under what conditions they first experienced intercourse, and about their level of protection from and experience of sexually transmitted infections (STIs) and pregnancy.

For over half of the youth surveyed, "being sexually active" means one thing - having sexual intercourse. Many defined it further as "doing it" on a regular basis, or often.

For 66 youth, being sexually active encompassed a range of intimate behaviour, "everything from thinking sexual thoughts to acting". Another definition:

"Being sexually alive, interested and open. Not necessarily participating in sexual acts at present."

A number of youth relate sexual activity to being in a fulfilling relationship, while a few others relate being sexually active to their own self awareness and choice for responsible actions. One young man said it was "living life to the fullest!"

Using their own definitions of being sexually active, and considering the past year, **79% of the youth surveyed identified as sexually active.** Whether or not they are engaging in sexual activity, these youth are open to the possibility. Youth were asked if being sexually active was a positive or negative experience. **Seventy-two percent of sexually active youth said the experience is positive.**

For over half of these youth, it is positive because, "I'm in a good relationship". For another 42%, being sexually active is positive because it is fun and pleasurable. Being sexually active is a **negative experience for 11% of the youth surveyed.** Two thirds of this 11% report feeling used by the experience, having been sexual for the wrong reasons, and feeling regret afterwards. Others report feeling guilt, anxiety and disappointment after having sex.

"It was a negative experience because I'm young and could have saved myself 'till I was older and it was more important."

SEXUAL EXPERIENCE	
Sexually Active	79% of youth surveyed
A Positive Experience	72% of active youth
A Negative Experience	11% of active youth
Both Positive & Negative	17% of active youth
Have Experienced Intercourse	80% of youth surveyed
By age 13	19% of youth surveyed
By age 16	60% of youth surveyed
Do Not Always Use Protection	57% of youth surveyed

"I acted from my own needs and didn't respect hers. I stepped over boundaries."

Another 17% say being sexually active is both positive and negative. It depends upon the partner and the situation, some say. For others, they find the experience pleasurable, but then it's a "hassle" afterwards, or they feel regret. A few say it is a positive experience "when you're not forced."

80% of the youth surveyed, aged 14 - 24, have experienced sexual intercourse. Nineteen percent had their first experience by age 13, and 60% by age 16.

Getting "carried away", which often was reported to have involved alcohol, was the reason for first intercourse for 19% of the youth. Being pressured by peers accounted for 16% of the incidents, and pressure from a date or force was the reason for 18%. Almost half of the youth say that "having sex" was their own choice.

"I just wish I didn't have to go away to get the abortion."

Within this level of sexual activity, **57% of the youth report not always using protection from both pregnancy and STIs.** *Believing they are safe* is the most common reason for taking this risk. If the girl is on the pill, if youth believe they are in a monogamous relationship, or if they are practising lesbian sex, the youth feel they don't need to use condoms or dental dams for protection.

"It was the first time for both of us, so risk (for STIs) was low." Also, youth seem to have a high trust level of their sexual partners, even when that trust has not been earned.

Besides believing they are safe, the other reasons for not using protection were:

- I (or boyfriend) don't like using condoms (10%)
- Can't be bothered (8%)
- Had no choice (eg. unexpected, drunk) (7%)
- Not available, hard to get (7%)

Awareness of the need to protect from getting pregnant is higher than the risk of STIs. One rural youth said, "No one in this area uses condoms. I hope AIDS never comes here!" A public health nurse from that same county confirmed that indeed there are local cases of AIDS.

"I'm too embarrassed to bring it up with my boyfriend," says one young woman about why she and her partner do not use condoms. Brad said he didn't use protection because he was "being stupid. I never really thought about it." The direct consequences of becoming a teen mom woke up Tara. When asked why she doesn't always use protection, she says, **"I always would now! I wasn't ready to be a mother."**

10% of the youth surveyed have had a sexually transmitted infection.

Chlamydia, gonorrhea and herpes were the most frequently diagnosed among these youth. Four of the 21 youth with an STI did not seek any help, meaning their infection was never medically diagnosed or recorded. These youth rely on friends' knowledge to direct them to some form of treatment.

15% of the youth have had or caused a pregnancy. Over half of these youth chose single parenthood as a response to their pregnancy. Another third chose abortion. In two cases, the pregnancy led to joint parenthood.

With the high level of sexual activity amongst youth (60% have had intercourse by age 16), there is no choice but to accept that youth are experimenting with sex, whether by choice or not. Not surprisingly, the majority of youth enjoy the close relationships and pleasure that come from sexual activity, and see being active as desirable.

*"I feel safe if I believe
I'm with someone I'll
always be with."*

*"With my steady
girlfriend I feel safe
and secure. On one
night stands I always
use a condom."*

*"In a small town you
don't really have to
worry too much
about STIs or HIV."*

Nova Scotia Youth Talk About . . .

Being Lesbian or Gay

This section focuses on the responses of youth as they discussed their experiences of discrimination and isolation. This made it necessary to discuss sexual orientation as a separate theme.

Not being heterosexual, gay youth do not see any images of themselves, do not learn about others like themselves and are given the direct message not to be who they are. "Don't be gay!" they hear from parents, peers, television, movies and health professionals.

"I wish I could be 'out' with my parents!" This statement reflects the desire of gay and lesbian people everywhere to be themselves and still count on the love and support of their parents. "I wish there was somewhere where gay and lesbian Indians could go and feel safe and still feel part of the community," described Bill.

Given the difficulty all youth have in accessing sexual health information, support and services, one can appreciate the great fear held by gay and lesbian youth of exposure and rejection from family, friends and community. The result is that these youth will often not seek help or support of any kind. Without safety or support, gay youth can end up feeling very desperate and alone.

Some youth report that when they have sought help, their sexual orientation was either ignored, put down, or led to broken confidentiality. "I talked to my teacher," said Joyce, "who then told the other teachers."

"Be straight or you're not my son!"

"The first time I kissed a woman, it changed my whole world. I knew I was homosexual and my values would be different from a lot of people because of that."

- MARG, 19

*"My friends think
homosexuality is
gross, so I pretend
I'm straight. I go
out with a guy and
don't say
anything."*

*"The support and
encouragement
of my gay friends
helps me to grow
in my self-
acceptance as a
lesbian."*

Doctors, teachers and counsellors assume heterosexuality, and often have no understanding or information about other orientations. Gay youth live with this prejudice and exclusion on a daily basis. They soon learn that there are few places that are safe for them and hiding becomes a way of life.

'Gaybashing', the abuse received by gays and lesbians from people who are homophobic, is a very real fear for these youth. Most have experienced it in many forms.

"Everybody hates gays," says one young lesbian, who is too afraid to let anyone know her orientation. Thirteen youth of this survey said that peer pressure keeps them from admitting their differences, including sexual orientation.

Even those fortunate enough to have found support in a gay community cannot feel completely safe. Many fear that being part of a group will identify them and make them a target for 'gaybashing'.

A few urban youth have found support groups, where they can meet with others like themselves and get support. They can talk about the abuse and prejudice they experience. They can learn about lesbian or gay relationships and sexuality. They can talk about feelings and concerns.

"The gay community is the only place I get support to be who I am," is heard repeatedly from these youth. "My other friends rejected me when I told them I was gay." Another youth described the profound impact of meeting other gay youth, "It lifted a weight from me. I'm not alone now."

Some Words from the Researcher

Homophobia is the hatred and fear of same sex attractions, usually directed to people who are known or thought to be lesbian or gay. It can also be directed to oneself. It is evidenced in name-calling, anti-gay jokes, threats of violence, discrimination in schools and the work place, physical violence and murder. Homophobia is not an individual fear, it is a "social disease" that affects our whole society.

Heterosexism is the assumption that opposite sex relationships are the only normal and natural way of loving, and that therefore all other forms of loving are unnatural and inferior. Heterosexism is reinforced by every major social structure and institution in our society, when only heterosexual relationships are treated with respect and dignity. Heterosexism can be harder to recognize than homophobia because it is an assumption and has no clear target.

Lesbian or gay youth are in a special needs category in our society because of the extreme, sometimes life-threatening danger within which they are placed. If rejection and abuse for one's sexuality is one's daily experience, then naturally all aspects of physical, emotional, mental and spiritual health are at risk, and are harmed. How can one maintain a healthy self-image in a hateful environment?

To establish a healthy self-image, all youth need to feel sexually healthy. To be healthy, youth need an environment that is affirming and supportive of who they are, and one which provides healthy models, images, services and information which reflects their experience. Clearly lesbian and gay youth, in particular, need much care and support from parents, teachers, counsellors, physicians - from all who have the opportunity to contribute to the lives of these youth.



Abuse

Youth were asked questions about whether they have experienced any forms of abuse, where they got help, and how helpful they found the assistance given.

Although much of the focus on youth sexuality has been on the prevention of teen pregnancy and sexually transmitted infections, the incidence of abuse is much more common.

EXPERIENCE OF ABUSE	
	% of total youth
Forced sexual experience	33%
Sexual intercourse resulting from force or pressure	18%
Experienced intercourse:	
by age 10	4%
by age 13	19%
Experienced date abuse:	43%
including sexual abuse	16%
including physical abuse	16%
including emotional abuse	30%
Did not seek help:	
after forced sexual experience	40%
after date abuse	43%
Found helpful assistance:	
after forced sexual experience	25%
after date abuse	36%
Sexuality values and attitudes affected most by experience of abuse	7%

*"I pretended it
wasn't me and
hoped it would go
away. I felt I
wouldn't be
believed.*

A federal report on sexual abuse against youth concluded that 25% of young women and 13% of young men have been sexually abused by the age of 18. In this survey, however, a full third of the youth report having had a sexual experience forced upon them.

The vulnerability of youth is often exploited before they are even in their teen years. Eight of the 220 youth experienced sexual intercourse by age 10 (4% of the total youth surveyed) while for another 33 young people the first intercourse was by age 13 (15%): **that's 19% by the age of 13!** One might assume that at this young age, the first intercourse was likely the result of force, pressure or coercion in most cases.

In fact, 18% of the youth surveyed reported having had sexual intercourse as a result of force or pressure. This statistic is consistent with the findings of Day (1990) who found that 19% of young high school women had experienced sex because of force.

*"I ignored it the
first time. The
second time it was
my boyfriend's
friend and I didn't
know what to do."*

The incidence of date abuse runs even higher, with **43% of the youth having been victims!** For 16%, the date abuse included sexual abuse, 16% experienced physical abuse, and 30% were emotionally abused.

Many youth **don't believe they have a right to seek help when they are abused, or they feel too ashamed.** "I just avoided him (abuser) and got no help", says Tracey. Jim said he "thought it was nobody's problem but my own. I had a lot of shame, and didn't want to cause problems in my family." Another didn't tell "because I was so young". Gerry "pretended it didn't happen", and now "covers it up by joking". Youth do not seek help because they know that "there is no confidential counselling available."

Of those who experienced **date abuse, 43% sought no help from anyone.** Another 26% sought help from their friends. Only slightly more than a third of the youth found helpful assistance for their experience, and for over half of those that help was from friends.

*"I kept it to myself,
then talked to
friends. But that
wasn't helpful."*

Sarah described how her mother helped her. "I was being pressured into having sex, but said no and didn't. I told my mother, who helped by not allowing me to go into risky situations." She did not want to be on her own facing potentially abusive situations.

Similarly, **40% of those who had an unwanted, forced sexual experience sought no help at all.** Only a quarter found assistance that was helpful. This help came from counsellors, friends and in 3 cases, parents.

What is the impact of this abuse, particularly for the majority who receive no help in dealing with the experience? Seven percent of the youth say that the experience of abuse has had more influence than anything else on their sexual attitudes and values.

For some youth, the impact is to make them "distrustful", or to "hate sex with men". Some report changing their sexual orientation as a result. Other reported effects are: becoming sensitized to violation of any kind; being more cautious; or feeling traumatized about sex. Eighteen year old Maggie said, "I don't ever want to have sex again!" For Anne, she says the abuse has left her feeling "used and cheated."

Some youth feel bitter because of the lack of assistance from adults. One talks about a therapist who blamed her for the incident, another about an agency that didn't care or follow up on her case. Another pressed charges, but the abuser was not charged "because there was no penetration, so it wasn't serious enough."

These youth, then, are left to deal with the abuse on their own. "I ate, cried, never talked, absorbed myself in other people's kids," described Holly. The impact on self-esteem and the ability to make positive future choices for oneself is enormous once a youth has had this kind of experience.

For some, the impact becomes a danger to others. "After the rape, I went out and had sex with different people without feeling anything," says one young man. "I vented my rage on others," says another. One youth says, "Since the sexual abuse, I have a constant urge for sex. I'm a sex addict." One young man, who has already been to prison, says that after being raped by "those girls", he felt diminished, and it has made him "dominating". Another, who was sexually abused by his sister's friend, now reports being "aggressive" in pressuring others to have sex with him.

Prisons, male abusers' groups and transition houses are filled with adult victims of child sexual abuse. **The prevention of child and youth abuse maybe fundamental to the prevention of many other social ills, including unwanted pregnancies and the spread of STIs.**

When asked what help was needed that they did not receive, 19 youth in this survey said they needed counselling or someone caring to talk to for support. The majority of youth said they needed nothing, which may indicate their lack of hope for or knowledge of services that could be there for them.

"My uncle abused me and told me it was my fault I was attractive."

"I ate, cried, never talked, absorbed myself in other people's kids. I was too brainwashed, ashamed, to get help even from the transition house."

Here is a story of the life experience of one youth interviewed. Paula's story was chosen because it poignantly illustrates the impact of abuse.

Paula's Story

Paula is 16. She has parents who are abusive and alcoholic. "They're drunk all the time. They beat me and tell me I'm stupid. They think I'm a slut. They like my kids, though." She says her parents have had the most influence on her sexual values. Paula has two children, who are now in foster care.

Paula thinks that being sexually healthy would mean being able to have sex all the time, being attractive and having a high level of sexual vitality. She likes sex, and boys have taught her "how to please them and myself." On the negative side of it, however, "sometimes you get beat up and you regret what you've done." Paula has been sexually abused by dates and acquaintances. Her response is to "just let them do it and not tell anyone." She says, "I thought I deserved it."

She says she doesn't access the local health centre because "people know me and they would laugh at me if they saw me go there." Her vision of sexual health resources that would work for her would be a place that provides "total anonymity", and has well educated counsellors on staff who wouldn't judge her but would be sensitive and caring. She would like to learn more about the impact of abuse, and about depression, and how to be a good parent.

Reflecting on the future, she expresses her level of desperation. "If I got AIDS, I would be lonely. No one cares about me, so why should I care about them. I would try to infect as many people as possible before I died."

¹ Badgley, R. *Report of the Fed. Commission on Sexual Offenses Against Children and Youth*, 1984. Ottawa: Department of Justice Canada.



Peers

Peers figured prominently in many responses: to questions about where youth get their information and resources; to what is the first place they would go to for help or have used for assistance; as well as to who has been most unhelpful. Youth also describe the influence peers (including friends and sexual partners) have had on attitudes, values and decision-making.

When asked who they would first go to if they had a sexual health problem now, **the first choice was friends**. Youth trust their friends, can talk about feelings with them and are confident they would get the emotional support they need rather than judgement. Youth value the advice of their friends. Many say their friends would know what to do.

"It's easy to be open with them," said Sandy. "They understand me and have similar opinions." Friends are convenient, and issues of sexuality have probably already been discussed so it is familiar territory. They also feel safe when they believe their friends would "let me make my own decisions".

Friends, peers and siblings are second only to school sex education as the most common source of sexual health education. And they can get the information from peers that they can't get anywhere else. **Peers will talk about the experience of sexuality**, and will share feelings about relationships - something youth are not getting from parents or teachers.

Close friends can talk without embarrassment, give each other support, feedback and advice. "There are no repercussions for sharing," says Carol. It is no wonder, then, that peers are given such emphasis as a source of learning about sex. **Peers also are reported to have had the greatest influence on the sexual health values and attitudes of the youth surveyed.**

Youth are generally quite open to the views of their peers. For many, it was **the first contact** for issues of sexuality. "The first thing you hear can influence you the most," said Jill. Other youth described how friends "tell how it feels", they "taught me", "opened up my views", and are "open about everything".

"They would help me sort it out."

"A boy told me I was a great person and he didn't want me to be a slut. He thought I should save myself for someone I really loved. This made me feel good about myself."

*"Most influence
was seeing girls
around school
younger than me
and pregnant."*

*"Peers are more
permissive than
my upbringing so
they give me a
sense of freedom."*

*"After sex he
wouldn't talk to
me. I felt pressured
into it by friends
and by him. They
say - Don't be
frigid!"*

- JENN, 15

Friends, siblings and peers are also **the most frequent contact**. "We talk about it all the time," some say. "I'm always around them, so it's ongoing teaching, not a one time thing." Youth report learning from the experiences of their friends, both positive and negative. "My pregnant sister warned me not to have sex," says one young man. Seeing friends get pregnant shows kids how easily it does happen and makes them want to be safer. Hearing stories from one's friends' experiences adds to the store of experience the youth has to draw from when making her/his own decisions.

Despite the fact that youth rate their friends high as a source of information, support and influence, **over half of them said they form their own decisions independent of peer attitudes**. This response seems to have two factors underlying it: many youth say they were affected in the past by peer attitudes, but not now; and youth may feel that even though the influence of their peers is great, when it comes to making decisions they are not affected. It is also likely that the real impact of peer pressure is not fully understood by all youth.

The other half of the youth said peer attitudes do impact on their behaviour, for some as a positive source of learning, but for most by encouraging them to be more sexually active. "They have a great influence on where, when and how you have sex," says Trudy. For Tom peer attitudes are a problem, making him feel "I have to prove I'm a stud." Peers saying they "do it" a lot creates great pressure to go along with the norm. "Get what you can" is a strong message from peers who are sexually active. "It makes me want to have it by them telling me its great!" reports William. "The pressure to have sex is too great!" admits Roger.

A full third of the youth say their reason for having had sexual intercourse was pressure from their date or their peers. "They tell me to get as much as I can, then call me a slut," Paula said. Cindy's experience was that "Boys brag about it, but girls are sluts," an impossible position for both sexes.

For some, peer pressure keeps them from admitting their differences, whether in sexual orientation or values. "They have very hateful ideas about sex, so they think I'm weird," says one young male. This kind of pressure is particularly difficult for youth to resist when they have no other safe place to work through their own values and beliefs around sexuality.

Other youth report experiences of telling their friends that they are lesbian or gay, and having those friends reject them. These youth soon learn to keep their orientation a secret. As Mary said, "I wouldn't seek help anywhere - I'd be 'outed' and judged. Everyone hates gays."

In incidents of abuse, **friends are the help sought first most frequently.**

Friends are found to be more helpful in general than adults when responding to these difficult situations. In 19 of 24 occurrences of seeking help from friends after date abuse, the friends were helpful. In 7 of the 12 experiences of talking about a forced sexual experience with friends, youth were satisfied with the help they got.

Because peers are the most frequent and closest contacts for youth, a common source of support and information, and have the greatest influence over values and attitudes, peers also turn up as **one of the most unhelpful experiences** youth have had.

They were seen by youth as detrimental to one's sexual health when they are "opinionated", "brag", "lie" and prove to be generally unreliable. "They were too crude and degrading," says Randy. Unfortunately, youth may find out too late that their source of advice was flawed or that their friend was not trustworthy. With friends being a first contact in most cases, if the experience of sharing something difficult is a negative one it may be one of the factors deterring so many youth from seeking further help.

Natalie remembers that after being raped, "my friends thought I was lying. It was too unreal." Another teen said her friends didn't believe her or want to talk about what had happened. These youth are likely to then assume that adults, who are generally more unavailable to them than their peers around issues of sexuality, would be even less open or helpful. Like the young lesbian who keeps her orientation and feelings to herself because she believes "everyone hates gays", Beth expresses her experience and belief about society by saying, "Nothing would help me."

Others weren't so fortunate.

"My peers are irresponsible, confused and repressed."

Nova Scotia Youth Talk About . . .



Parents

In response to questions about their relationships with their parents around issues of sexuality, and about how youth develop their attitudes and get their information and resources from parents, this is what youth had to say.

"They're open and willing to answer my questions," reports Linda, who is among the **49%** of youth who say their relationships with their parents are **supportive**.

Parents rate high as positive sources of sexual health education for youth when they are:

"available, easy to talk to, trustworthy, nonjudgemental and straightforward."

If parents have been supportive of the youth from an early age, have actively taught positive values, and if they have given encouragement to "do the right thing", the youth is most likely to seek them out for advice and support. Youth know that these parents are looking out for their well-being, and really care about them - and so they value what their parents have to say.

If parents have talked with their children about sexuality before s/he becomes sexually active, the son or daughter is more likely to seek parental guidance later on. "If parents don't start early with sex education, the kids won't ask later," says 18 year old Ashley.

On the other hand **32%** of the youth report that their parents are either **silent, absent or unhelpful** when it comes to providing guidance around sexuality. For sixteen percent, their parents have actually been unhelpful.

"I'm happy with my relationship with my Mom. She's great!"

"I wish they would have been there for me when I was a kid."

"They would know where to go."

*"Stop screaming
at me!"*

These parents have:
given wrong information,
been silent about sex, close minded, imposing,
been homophobic or uptight, and
in some cases have been abusive or neglectful.

*"My parents don't
question me
because they don't
want to know, but
they will answer
my questions. I
wish they were
more open and
willing to help."*

When parents are seen as **directive, restrictive, crude, or opinionated without having sexual health education themselves**, youth do not perceive those parents as a resource. Most of these youth are not looking for a better relationship, reporting that it would be "impossible", "there is no way", or that they "don't care".

Only 33% of the respondents said they would like to have a more supportive relationship with their parents. Interestingly, many of this third are the youth who already have relatively supportive parents. They wish their parents would:

- * be better listeners
- * talk with them more often,
- * initiate conversations about sexuality,
- * talk about feelings,
- * share their experiences as teens, and
- * generally have a higher comfort level with the topic.

Youth report knowing that "some subjects are off-limits" with their parents, and that their parents "don't want to know everything." In these cases, young people would like their parents to help them access other adults or professionals to talk about sexuality. They don't want to feel ashamed or 'bad' by the silence.

Youth prefer parents they can talk to, who are open to and accepting of their views and values, even when those views are different from their own. Lesbian and gay youth, in particular, wish their parents would accept their differences and continue to be helpful. Terry said, "I would like to be 'out' with them."

Another young man needs his parents to stop fighting and "see eye to eye on issues surrounding me" for the relationship to improve. To have a comfortable, caring, open parent seems to be the ideal for youth. They really do want parental guidance.

Youth report that parents have been very influential in forming their values and attitudes about sexuality. Parents are also one of the top three places youth would go if they needed assistance now.

Zach reported that his mother becoming lesbian influenced him by helping him gain respect for other lesbian and gay people. Youth talk about their respect for their parents and their values, and say that in turn they "want them to be able to respect me."

When only one parent is mentioned, it is most often the mother that is seen as "there for me". Young men in particular would like to hear more from their fathers on male sexuality.

This influential position held by parents comes when they are a "first contact" for issues of sexuality. When parents are available and "close" for input, and have already discussed values, morals and consequences with the young person, they are more likely to continue to have positive relationships with their teenager as s/he matures.

For others, the high level of influence of parents has been a negative one. One young woman reports, "My parents don't care about me, so I run wild. Sex is the only way to get attention." For another, the fact that her father cheated on her mother has meant that she now does not trust males. For Joe, the major influence for his sexuality is his uncle, who has lots of partners and tells him to "get as much as he can".

In actual cases of a difficult experience, shockingly few people, including parents, have been perceived by youth as helpful allies. **In only 6 of 94 cases of date abuse did the youth surveyed receive helpful assistance from their parents. In 72 cases of forced sexual experience, only 3 reported help coming from parents.** Parents did better handling pregnancy, with 6 of the 14 pregnant young women receiving helpful assistance from their parents.

Part of the reason for these low numbers is that the majority of young people in trouble do not seek help from any adults. (See Abuse) They already have the opinion that there is no help out there for their problem or no safe place to go.

Parents have a key position of influence. Youth report that when they have a strong foundation of parental support, they feel they have a significant advantage for attaining sexual health.

"They'd problem-solve with me."

"She would understand and help me."

"My parents don't care about me so I run wild."

"I didn't tell anyone about the rape because I was so young."

- JANE (AGE 13 WHEN SHE WAS RAPED)

Nova Scotia Youth Talk About . . .



School Sex Education

Given that school sex education is most commonly a first source of education on sexual health, youth were asked to describe what they like and don't like about how this subject is taught.

For many youth, school sex education is the first and perhaps only access they have to information about their bodies, about pregnancy and sexually transmitted infections (STIs), and about safe sex. The quality of that sex education is critical to youth as they are forming attitudes and choosing sexuality behaviours.

In most schools, this sex education is offered as part of the grades 7, 8 and 9 "Personal Development and Relationships" course. The delivery of the curriculum, however, is often at the discretion of the teacher, and is heavily influenced by her/his comfort level with topics of sexuality.

Youth reported that they liked being taught the basics about sex. Some were fortunate enough to have had a teacher who was comfortable with sexuality, and who was clear, factual, straightforward and open, allowing questions and discussions. If they were really fortunate, the teacher found ways to establish a comfortable learning environment where it was safe to ask questions, or s/he found ways the students could ask questions anonymously or on a one-on-one basis.

Another aspect of sex education that the youth liked was that the course was mandatory. That made it safe to learn. You "had to be there", so were not singled out for wanting information. They were taught things without having to ask the question.

Youth enjoyed the guest presenters that were part of their sex education course. They found these guests "most effective", more respectful of youth, more fun and creative, and more supportive of youth developing their skills for personal decision-making.

"The teacher was open, not shy, answered questions and wouldn't allow anyone to laugh at anyone else's questions."

"Present sex education so that it is acceptable to voice one's values and beliefs on a topic rather than feeling rejected if one's questions don't reflect the norm."

"Don't assume we are all heterosexual."

Presentations from AIDS organizations give "real life situations", so "hit hard" in teaching the consequences of unsafe sex. Presentations were also credited for increasing comfort levels with homosexuals, by having someone who would talk about being gay, an uncommon opportunity in our culture.

Public health nurses were also popular, because they "knew what they were talking about" and were "easy to talk to". They perceived these nurses to have more expertise in sexual health than their teachers, and some of them were skillful in dealing with the feeling side of sexuality. They liked the demonstrations (e.g. of putting on condoms) and the frankness of the presentations that would put them at ease and help them become familiar with the issues and language of sexuality.

Their criticism was the short time they had with the public health nurse, with no opportunity for questions, for counselling or for a one-on-one discussion. Another youth noted that there were "restrictions on what (the nurse) could talk about."

Whether because of their higher comfort level with the topic, their expertise in sexual health or the perception of guests being more informed and open, youth said they found it easier to ask questions of and to learn from guest presenters on sexuality. They want these presentations to be part of their sex education more often. They also want sex education at the higher grade levels as they mature and have more questions. **They want ongoing access to someone with expertise in sexual health.**

Presentations that were not appreciated were those that were seen as "biased to their own church", or "talked about religion too much", or if the presenter was too "stiff" and didn't allow discussion. Youth prefer presenters that have a breadth of knowledge and experience, and who present all options in a professional, unbiased way that promotes personal decision-making.

The youth surveyed had a number of criticisms about school sex education. While they are glad to receive anything in a society that is predominantly silent about sexuality, the quality of what they are receiving is poor. Unfortunately, nineteen percent of the youth surveyed said they learned little or nothing in sex education at school, or did not receive any at all. A common scenario is that a math teacher is slotted to teach sex education because she/he has a free period. That math teacher receives no training, and so is going into the topic with his/her own biases and fears about sexuality. Because there are so few safe places to talk about sexuality for adults either, that teacher has little opportunity for the development of comfort and expertise.

Not only is the teacher not trained, but s/he is also given free rein in terms of how in-depth s/he goes into the subject. In many cases, the sexuality part of the course is treated lightly or completely ignored. For too many youth, they are being taught that sexual health is not valued by this society, nor by the education system. The message to youth about sexuality from teachers is loud and clear - *"Don't talk about it!"*.

Advice for Improvement of school sex education

The following are the top suggestions from youth for improving school sexuality education:

1. **Make the course more comprehensive.** Don't separate feelings from sexuality. Don't just give us "the facts" and the negative consequences. We want some emotional guidance, and the chance to talk about our relationships and our experience. Talk with us about real life experience: abuse, teen parenting, suicide, alcohol, and about "having sex".
2. **Give us better prepared, more comfortable teachers.** Youth are very aware that their teachers are not trained, not comfortable, and in many cases afraid of upsetting parents by talking about sex. They want sex education to be given more value and credibility, which would be reflected by the quality of teaching they receive. Youth want to be taught by people who are "actively informed" about sexual health. And give us more presentations by sexual health experts.
3. **Give sex education sooner, later and longer.** Youth would like sexual health to be taught each year through school. "Introduce sexuality early as a normal part of life in a casual, yet serious way," suggests one youth.

Thirty percent of the youth said children should be able to access sexual health resources whenever they wanted them, or as early as possible. The average age the rest of the youth thought sexual health should be introduced was age 11.

There was concern expressed about the safety of young people who have no guidance from safe adults. Many youth feel that pre-puberty is a crucial time for sexual health concepts to be taught, as knowledge makes them safer, and gives them a chance to develop a "healthy sexuality" prior to their becoming sexually active. "I wanted information before I became sexually active at the age of 13," says one. "Young kids are having sex, are being pressured, are curious and experimenting. They need help."

"In a classroom kids are too uncomfortable and embarrassed to ask the really important questions."

"It didn't have enough to do with individual choices and morals."

"Don't just give us narrow social standards."

*"Society is
changing so
rapidly that
children are
having to grow up
much faster and
are therefore faced
with adult
decisions at a
much younger
age."*

*"Teach about
sexuality before
menstruation
starts so girls won't
get scared."*

4. **Provide information on other sexual orientations.** Many youth feel that sex education would be better if it would include the 10% of the population who are lesbian, gay or bisexual. They don't support the total heterosexual bias. "Be gay positive," they say.

When asked what they need more education about, homosexuality was mentioned even more often than the emotional side of sexuality. "I want to know about lesbianism," said 20 year old Linda. "Not that I'd convert, I'm just curious."

5. **Use more stimulating, complete and updated resources.** "Show films made in this decade!" one youth suggests. When the resources used seem narrow, biased or old, it's not surprising that youth find it difficult to relate the information to their current lives. Youth want their sexuality education to reflect the sexuality that they are exposed to in the rest of their lives.
6. **Give more thorough information about the prevention of pregnancy and STIs.** A full half of the youth respondents said they still need more education on this topic. "How can I have sex safely?" they want to know. Obviously, the safe sex message is not being delivered in a complete enough manner - a serious gap in education for sexual health. Pregnancies are occurring because of incomplete or misinformation about the pill. And STIs are being spread because youth are unaware of their level of risk.



Sexual Health Resources

Youth were asked what resources they have accessed; what prevents access; what places have been helpful or not helpful; what they look for in a sexual health service; and, for solutions that would remove blocks to accessibility.

Blocks to Accessibility

One-third of the youth surveyed say they are simply not able to access sexual health services and education in their home community.

This proportion of youth corresponds roughly to the 36% surveyed who live rurally. There is nothing or very little available in their rural areas for sexual health services or education. For the most part, the few local services that are present are of poor quality, not confidential or need parental consent to access - not conducive for a young person wanting to learn about or protect her or his sexual health.

Even when sexual health resources are present, youth (43% of them) say they do not access those resources. The single biggest reason for their staying away is -

Fear, Shame and Embarrassment.

Youth are engaging in unprotected sex because they don't want to get caught buying condoms. Youth are not asking questions of adults because they don't know who they can trust. They are experimenting with high risk behaviours because they have no sexually healthy role models, and no one with whom to talk. They know sex is a taboo subject, so are afraid to seek help.

With broken confidentiality being reported with doctors, teachers, counsellors, hospitals and health clinics, the fear of being exposed, and the shame and embarrassment that would result is a very real block to accessibility.

"It's a small community and everyone knows if I buy condoms."

*"They taught me
that aspects of my
sexuality were
evil."*

Shame keeps young people from seeking preventative resources, early interventions, as well as from seeking help when they are in trouble. Over **40% of the youth would not seek help of any kind after being sexually abused**, for instance. "I was too ashamed to even go to the transition house," says one young woman.

The denial, fear and judgement of **parents** is seen as accounting for keeping youth away from resources for 18% of the youth surveyed. Another 17% broaden the cause to being **society's taboo** and attitudes around sex.

"Society's dumb attitudes cause kids to fear being found out that they're curious about sex," said Alice. Dylan described his community, saying, "The religious background was so strong it did not allow unbiased sex education." "I felt guilty for being a teen," said Paul.

Since adults are not comfortable with sex, it is hard for them to accept that youth are sexual beings. Yet 79% of the respondents of this survey identified themselves as sexually active. **A full 60% had experienced sexual intercourse by the age of 16.**

The focus on "Don't do it!" is irrelevant to most youth. What they need is adults who will talk about and model sexuality that is in the context of caring and responsible relationships. To do that, though, demands moving beyond fear, shame and embarrassment first; and out of denial.

Youth not accessing resources is often said to be due to their sense of being invincible - "It won't happen to me." It seems parents also feel they are invincible, believing, "It won't happen to my kid." This refusal to accept youth sexuality limits any attempt to address sexuality and contributes greatly to the lack of support youth feel. Adults are not encouraging youth to get the help they need.

Even when a youth-positive resource is offered, adopted attitudes about sexuality and the associated shame may prevent access. "I'd be embarrassed to go back more than twice because then we would get to know each other," reports Cathy. "I could have gone to a crisis centre and didn't," says another. These fears and attitudes are pervasive, also turning up as peer pressure to not seek resources, or even ask questions in class, for fear of being "teased or found out".

Gordon, who experienced sexual abuse for which he received no help, says he won't go to the doctor because, "I'm afraid to say what I want and embarrassed to show my naked body." What this young man wants is "an intimate conversation with both my parents", and a "casual, outgoing, open doctor" who could help him get beyond his fears.

Not unlike adults, if a youth does not feel safe, s/he will not access or get much help from the service offered. The characteristics that would most deter youth from accessing a resource are:

- not confidential; no privacy; judgmental;
- directive and negative staff;
- staff who don't listen or seem to care;
- unreliable or narrow information;
- a place that is disreputable or unclean, ("not just some guy who set something up");
- a place that is too cold and medical; and
- a staff that is uncomfortable with sex.

"I was taught in school you could only get pregnant one day in a month."

When asked who or what place has been detrimental to their sexual health, the four sources that turn up are the same as the top four sources youth access: school sex education, friends, parents and doctors. The fact is, these four are the extent of the choices available to most youth. When the services or education provided by those sources are of poor quality, misinformed or abusive, then the youth's opportunities to access what they need for sexual health are severely limited.

"The doctor in our town is corrupt," said Richard. Others report doctors who have been "nervous about sex", "rude", who "wouldn't talk about safe sex" and "didn't inform me about what I needed to know". Doctors, like sexual health education teachers, are on the front lines with youth, but are lacking in training that would increase knowledge and comfort levels around sexuality and raise awareness of youth rights to sexual health services.

"The male guidance counsellor at our high school thought all girls having sex were sluts." This prejudice is seriously detrimental, particularly to the 60% of students who are sexually active by the age of 16. "Our sex education teacher was mean and threatening," Kim remembers, while for others the teachers were seen as "untrained, unprepared and uncomfortable." "There was no discussion allowed."

*"My friends
rejected me when I
told them I was
gay."*

Youth report stories of broken confidentiality. Guidance counsellors, teachers and doctors have reported confidential talks back to parents. "I confided in one teacher who then told the other teachers," said Joyce. "One class was asked for a show of hands for how many people had had sex, then the teacher informed all the parents," remembers Heather. "We can't access a health clinic".

Although friends are a first access point for guidance for many youth, friends are not always trustworthy or informed. Friends are sometimes "two faced", "uneducated", "homophobic", "tell me too much" and "give bad advice". Without reliable, safe friends, youth are too often left with no safe place to explore and develop positive values for their own sexuality.

Parents too are often unhelpful when they "won't talk to me about sex", or "moralize but don't give guidance". One youth says he was punished just for getting information about sexuality.

*"My doctor broke
confidentiality and
told my parents.
He makes me
mad!"*

Some youth perceive that there are so few good sexual health resources because their community avoids issues of sexuality, is homophobic or close minded. "It's a retirement town. No one wants to see young people as sexual beings. They're embarrassed by young mothers and look down on you," described Jill, a teen mother. Richard's view is that "no one is interested in helping here - not like in Bridgewater (where there is a Planned Parenthood office)."

A few youth mention that there may be resources out there, but they don't know where to go, who to ask, or even what to ask for. Even the library is not a source of information for rural youth, as it is for numerous urban youth. The anonymity of a large library is nonexistent in small rural libraries, even if they did have updated pamphlets and books on sexuality.

*"I think there's
more I could have
if it were not such
a small place."*

Some youth believe the reason so few resources are available to them is the lack of government support for sexual health, or that it isn't given any priority as a health issue in their community.

One young man who spent time in a provincial training centre for youth said the institution was "silent about sexuality, and there doesn't seem to be any awareness or resources in the town either." Certainly these youth would be well served by the institution addressing issues of sexuality. Youth interviewed who reside in group homes for people who are mentally challenged, on the other hand, do report regular access to sexual health counselling.

Two thirds of youth say that their community does have the sexual health resources they need and want, but for many this meant, simply, that they could talk to their friends, or that they do have a doctor who will give them birth control pills, or that they can buy condoms at the local drugstore. At the same time, two thirds of them also had suggestions about what they wished was available to them now and when they were younger (see *Strengthening Accessibility*)

*"Kids don't know
who to trust."*

Awareness among youth of what could be available to them seems quite low. "My doctor has everything I need", for example, doesn't allow for opportunities for support groups, for counselling, for accessing services not offered by the physician. Many youth, as with many adults, have not been exposed to the possibility of being in control of their own health care, including their own sexual health.

*"I was stereotyped as
- all Indians are
drunks. She'll be
pregnant before
she's 16."*

For others, the fact that the resources exists does not mean youth are comfortable with or trust those resources. "They know me and would laugh at me if I went to the health centre" is a perception of one youth that keeps her away from potential help. Others talk about the professionals they do have access to as "pushing their bias", "preaching", "ignoring my needs and wants" and being "sexist".

Being female, from a cultural minority, lesbian or gay, or even being someone who is questioning their sexuality, makes accessing useful resources even that much more difficult.

The expectation that youth will act responsibly with their sexuality is unrealistic in the face of the many blocks to accessibility that they encounter. Youth, for the most part, are not being exposed to sound sexual health education, to quality health services or to positive, sexually healthy role models.

The bottom line is that without access to safe, reliable, caring and youth positive sexual health resources, youth are left on their own to struggle with this critical aspect of their lives.

Our attitudes and beliefs come from our own experiences, and the severe lack of resources or opportunities for sexual health of past decades is showing up today as an inability to deal with youth sexuality. As adults, we are passing on our fear and shame, and thus the cycle continues. The problem is further magnified by today's youth being exposed to exploitive and unrestricted images of sexuality in the media. Their need for positive guidance is even greater than it was for past generations.

Strengthening Accessibility

Given the blocks to accessibility, what can be done? Some of the youth surveyed offered advice:

“Keep building social acceptance of the issues surrounding sexuality and the situations that arise so that people won’t feel bad about needing resources.” - Jenny, 17, who was raped at age 14.

“Society should make youth feel it is natural to be curious, to want information and resources.”

“Talk to young people about being scared.” - Jay, 16, mentally challenged.

“Make resources more accessible so kids will go get help.”

“Don’t make assumptions about me.”

“Parents should be thankful people are trying to help their kids and back off some.”

“We need a confidential place to get condoms because in this town everyone knows everyone.”

“Educate the parents, because the kids learn the most from them.”

“The problem is adults’ lack of acceptance of sex as reality, so they condemn it and won’t give kids the facts they need. They need to relax and do what is right.”

“Just loosen up and start talking!”

Youth were asked to propose solutions for removing the blocks that they experience to accessibility of sexual health resources.

Their recommendations, if implemented, would certainly pave the way for improvements in youth sexual health. These recommendations are summarized as follows:

- Make sexual health resources more open and public;
- Normalize sexuality so it isn't a source of shame;
- Provide accessible, confidential services;
- Give parents education on healthy sexuality so they can relax and give us guidance;
- Provide enough resources to reach all. Provide outreach to those places where there can't be a regular physical presence;
- Recognize that youth are sexually active and address that fact.

Youth were also asked to describe how these recommendations could be applied. What would sexual health resources look like if they were set up in an ideal way?

- Youth wish they could go to a youth positive, sexual health clinic that is acceptable to and supported by their parents and peers.
- They want to feel supported for seeking sexual health, not ashamed.



Doctors

Although no specific questions were asked about doctors, many comments about them turned up in the responses about sexual health resources. Doctors are sometimes criticized for breaking confidentiality and for being impersonal; youth also described what they like most about doctors as sources for sexuality education and services.

Profile of an Accessible Doctor

While there was a lot of criticism of doctors who broke confidentiality, didn't answer questions, ignored or assumed the patient's sexual orientation, and gave biased points of view, many youth in this survey have found doctors with whom they are quite happy. Doctors are in the top four of sources of sexual health resources, and are second only to friends as to where the youth would go if they had a problem now.

Doctors are in every community, are generally available, are free to the youth and are professionals who do have answers. Like the rest of society, youth have a high level of trust of the information doctors give to them. If doctors were also sensitized to sexual health issues and to youth rights to sexual health, and if they were supported to do preventative health, doctors could be a powerful access point for improving youth sexual health.

The following are youth's characteristics of that "perfect doctor":

- nonjudgemental;
- gives me all the information I need and want;
- provides the full service needed, including referrals and counselling;
- understanding and supportive, making it easy to open up and talk;
- gives details and facts, but not too much too fast, in clear language;
- backs it up by giving me a pamphlet or video for later;
- confidential, respects privacy;
- speaks to me with respect;

- not my parents' doctor, but is familiar to me;
- accurate, reliable information;
- no pressure for abstinence;
- is comfortable with own sexuality and talking about sex;
- acceptance of my views and choices;
- probably female;
- gay positive;
- and youth positive.

Nova Scotia Youth Talk About . .



Planned Parenthood

Youth were asked about their awareness and level of contact with Planned Parenthood. They were also asked about their perceptions of the organization.

Forty-eight percent of the youth surveyed were aware of Planned Parenthood, and 23% had made any contact with this organization.

Planned Parenthood Nova Scotia (PPNS) has offices in five communities around the province. These offices range from a full clinic in Metro Halifax, to sole person offices who focus primarily on education of local youth, adults and agencies (see Appendix C for a map of location and services). There is also a provincial office in Halifax, which includes a full resource centre and access to local, provincial, national and international educational materials. PPNS is also a principal resource for gay, lesbian and bisexual youth, offering resources specifically for them, a support telephone line and support groups.

The youth who had contact were primarily those who live near the Halifax Metro Clinic and the provincial office. Those contacts were primarily (38%) for clinic services: contraceptives, pap tests, medical checkups, pregnancy tests. Twenty-six percent of the contacts were for personal information, and another 14% were involved in a support group at Planned Parenthood. Others came as volunteers for the organization, or for school project information.

Overall, youth familiar with Planned Parenthood rated the organization 8.7 on a scale of 1 - 10 (10 being excellent). Despite the low availability and low awareness amongst youth, Planned Parenthood rated high as a source of education and services that youth have used. They also were a close fourth, after friends, doctors and parents, as the place youth would go to if they needed assistance related to their sexual health now. They *never* were regarded as having been unhelpful.

What Planned Parenthood Does Well

Here is what youth who have experienced Planned Parenthood had to say about the services they provide.

Planned Parenthood:

- Has all the information I need, more than anywhere else.
- Has great, updated resources; pamphlets and videos.
- Both educates and provides health services.
- Provides free condoms (good ones).
- Is strictly confidential.
- Are open minded, nonjudgemental and helpful for everyone.
- Are truthful and straightforward.
- Are youth positive, promote personal decision-making.
- Are gay positive and provide support.
- Are friendly and comfortable, available but not pushy.
- Are professional, knowledgeable and reliable.
- Do workshops in rural areas
- Come into our schools.

*"They helped my
friend. I trust
them."*

What They Could Do Better

Youth also had some suggestions for improvement.

Planned Parenthood should:

- Come to my community.
- Be more public about what they do.
- Become more widely available and known.
- Do more promotion, with posters in schools and communities.
- Let people know how clean and safe and responsible they are to counteract the taboo against going there.
- Advertise that they're not just there for problems.
- Change their name.
- Have longer open hours, include evenings and weekends.
- Bigger office space, more staff, youth staff.
- Have more offices around province, do more outreach.
- Put condoms in a discreet place.
- Be more relaxed and sensitive to make it easier to talk.
- Do more counselling.
- Have a more anonymous location.



Messages Received

The top resources youth have for sexual health information are their friends and peers, their parents, school sexual health education and doctors. They are also influenced greatly by television, movies and the media, and by their perceptions of what society in general is telling them about sexuality.

The messages and the modeling from these sources are strong determinants in the development of sexual health values and beliefs. The top overall messages youth are picking up about sexuality from these sources are:

- Parents:**
 - Be Safe and Responsible.
 - Don't Do It Until You Are Older or Married.
 - Don't Talk About It.
- Peers:**
 - Get Lots of It!
- Teachers:**
 - Don't Talk About It.
- TV/Movies:**
 - Everyone is Doing It!
- Society:**
 - Be Safe and Responsible.
 - We Are Confused About Sex.

One consistent message youth are receiving from all of these sources is: -
Don't be gay!

In a society that does not openly discuss sex, the way youth learn is often by the subtle messages they pick up by watching and listening to the adult world around them. They absorb the values and the messages that are reflected in how their parents treat each other, in the relationships they see between men and women in their schools and on television, and by the denial and silence about sexuality that they experience with adults.

"Because of the lack of information available to me at a younger age and because of my parents' inability to discuss the topic of sexuality, I had to learn about my sexuality from observing people's conversations and attitudes about sex. So my own personal beliefs and values never played a part in my sexual experiences. It wasn't until I became a parent that my values and beliefs became a part of my sexuality."

"You don't always look for more help. I kept everything inside."



Final Comments

Having completed the interview, youth were asked what they would like to add. Here is some of the wisdom they offered:

Advice to Other Youth

- Sex should only be with someone you love.
- Be safe. Don't let yourself be pressured.
- Wait until you are responsible in case something goes wrong.
- Talk with your parents.
- You really want to find out the background of your partner.
- Abstinence is a responsible, important choice. It takes away the pressure of sex.
- Sex is great if you do it with someone you love.
- Be yourself. Don't do anything you don't want to do.
- Know who you are sleeping with and take the time to protect yourself.
- Sex is for you, not for anyone else, when you are ready.
- If you have good self-esteem, most of the other problems go away.
- Your sexual identity is personal, individual and changeable.

Advice to Adults

- Everyone needs to learn about sexuality from an open, positive, (feminist) perspective.
- Educators are in power positions and need social skills to be more compassionate, open and insightful.
- If we learned to communicate and understand each other better, sex might be less of a "problem".
- We have information, but we need to talk so we can understand feelings.
- There are no professional places where kids can talk about sex, with each other and with a counsellor.
- Society should look at why we have problems with teen pregnancy and STIs. We must push to change and open up the tunnel vision of people in our lives.
- We need support groups for teens abused by partners.
- We need opportunities and activities where youth can meet in rural communities with positive role models of different sexual orientations.

- Kids need to be reached. They're having sex younger and younger.
- Include lesbians and gays.
- Planned Parenthood is needed in the rest of the province.
- Youth should be trained to talk to school kids about sexuality; youth who are self confident and not afraid to answer questions.
- I feel it is absolutely necessary to correct the problems in the teaching of sexual education and in resources not being readily available. Unless corrected, I feel we are going to be faced with increasing teen pregnancies, numbers of unwanted children, increasing poverty, and higher taxes because of the number of teen moms on social assistance! Something needs to be done! - teen mom.
- Just loosen up and start talking!

Other Comments About the Interview

- Never even thought about some of these questions before. The interviews are a really good idea.
- It was great to be able to tell someone about my attraction to women.
- It felt good to tell someone these things.
- Answering these questions made me realize youth need a place to go.
- This survey is a good way to get people to talk openly from different ages, because it's not on a professional basis.
- Cool questions! Glad you are asking youth!
- Interview was fun. It helped me get some things off my chest. And gave me great information for where to get help.
- Very comprehensive. Good luck! I hope the survey will change views.
- Print the results of this survey in the newspaper to make the public more aware.
- Include youth in any action that comes out of this.
- Teen pregnancy is a problem in our community. I'm afraid of what will happen if HIV shows up here because no one uses condoms.
- I really want free condoms.
- I don't like talking about sex.

Nova Scotia Youth Recommend . . .



How to Improve Our Sexual Health

This section summarizes the advice from youth respondents found throughout this report. The following recommendations describe what these youth believe would help to improve youth sexual health.

Parents:

- Be better listeners.
- Talk with us more often.
- Initiate conversations about sexuality.
- Talk about feelings.
- Share your experiences as teens.
- Generally become more comfortable with the topic.

Society:

- Make sexual health resources more open and public.
- Normalize sexuality so it isn't a source of shame.
- Recognize that youth are sexually active and address that fact.

Governments:

- Provide accessible, confidential sexual health services.
- Give parents education on healthy sexuality so they can relax and give us guidance.
- Provide enough resources to reach all. Provide outreach to those places where there can't be a regular physical presence.

School Boards:

- Make sexual health education more comprehensive. Don't separate feelings from sexuality. Don't just give us "the facts" and the negative consequences. We want some emotional guidance, and the chance to talk about our relationships and our experience. Talk with us about real life experience: abuse, teen parenting, suicide, alcohol, intimacy and about "having sex".
- Give us better prepared, more comfortable teachers. Our teachers are not trained in sexual health, are not comfortable, and in many cases are afraid of upsetting parents by talking about sex. We want sex education to be given more value and credibility, reflected by the quality of teaching we receive. We want to be taught by people who are "actively informed" about sexual health. We also want more presentations from outside sexual health experts.
- Give sex education sooner, later and longer. Teach sexual health each year through school. Introduce sexuality early as a normal part of life in a casual, yet serious way. Children should be able to access sexual health resources whenever they want them, or as early as possible. Pre-puberty is a crucial time for sexual health concepts to be taught, as knowledge makes them safer, and gives them a chance to develop a "healthy sexuality" prior to their becoming sexually active.
- "Be gay positive." Provide information on other sexual orientations. Include the 10% of the population who are lesbian, gay and bisexual.
- Use more stimulating, complete and updated resources. "Show films made in this decade!" When the resources used seem narrow, biased or old, we find it difficult to relate the information to our current lives. We need our sexuality education to reflect the sexuality we are exposed to in the rest of their lives.
- Give more thorough information about the prevention of pregnancy and STIs. We still need more education on this topic. "How can we have sex safely?"

Doctors:

- be nonjudgmental;
- gives me all the information I need and want;
- provides the full service needed, including referrals and counselling;
- understanding and supportive, making it easy to open up and talk;
- gives details and facts, but not too much too fast, in clear language; backs it up by giving me a pamphlet or video for later;
- confidential, respects privacy;
- speaks to me with respect;
- not my parents' doctor, but is familiar to me;
- accurate, reliable information;
- no pressure for abstinence;
- is comfortable with own sexuality and talking about sex;
- accepts my views and choices;
- gay positive; and
- youth positive.

Planned Parenthood:

- Come to my community.
- Be more public about who you are and what you do.
- Become more widely available and known.
- Do more promotion with posters in schools and communities.
- Let people know how clean and safe and responsible you are to counteract the taboo against going there.
- Advertise that you're not just there for problems.
- Change your name.
- Have longer open hours, include evenings and weekends.
- Bigger office space, more staff, youth staff.
- Have more offices around province, do more outreach.
- Put condoms in a discreet place.
- Be more relaxed and sensitive to make it easier to talk.
- Do more counselling.
- Have a more anonymous location.



What Accessibility Should Look Like

Youth were asked to describe the ideal way they would like to have sexual health education and services delivered. This resulting wish list portrays how resources could be made more accessible to youth.

- Youth wish they could go to a youth positive, sexual health clinic that is supported by their parents and peers.
- They want to feel supported for seeking sexual health, not ashamed.
- They want confidential access to contraceptives and clinic services.
- They wish they could learn more, earlier and longer.
- They would like healthy sexuality and advertisements for sexual health resources to be in the media regularly and in their schools to reduce the taboo against talking about sex.
- They wish there was greater promotion of personal decision-making.
- They wish they knew safe adults, well trained in sexual health, to whom they could take their questions and confusion.
- They want access to the professional help they need without fear of judgement or exposure.
- They wish feelings and relationship issues would be addressed. They want safe discussion and support groups.
- They wish their needs were more respected by adults.
- They want to see their diversity (cultural, gender, orientation) reflected and respected in sexual health resources provided.
- They wish their parents and communities would get involved in sexual health issues.

Tools for **Using** this **Report**



Tools for Using this Report

The following pages provide guides intended to help in the use of this resource. The questions can be used to guide your own reflections on the voices and stories of the youth. They can serve to identify issues to consider in developing new resources, or as a guide to evaluating what is already being done in your school, community or Region.

TOOL A: Questions Communities May Have About Youth Sexuality

1. How can we prevent teen pregnancy?
2. Why is the promotion of abstinence not working?
3. Youth are learning the facts about STIs and pregnancy - why are they not being more careful?
4. How many youth are exposed to sexual abuse? Are they getting help?
5. What do youth need and want?
6. What is the cost (emotional, physical, relationship, economic) of not addressing sexual health?
7. What resources do we have in our community to build upon?
8. How have we as a community responded to youth needs?
9. How can we work with youth on this issue?
10. What would work in our community to effectively improve youth sexual health? Who? Where? How?
11. What would empower youth to take more responsibility for their sexual health and to access services?
12. What is a "sexually healthy" community?
13. What would that look like in our community (resources, attitudes, partnerships. . .)?
14. Where do I stand? What can I do? Who else can I talk to about these issues?

TOOL B: Self Evaluation Tool for Providers of Sexual Health Services

This checklist is based in the Canadian Guidelines for Sexual Health, 1994, developed by Health Canada. This checklist summarizes the themes covered by the Guidelines and may be helpful for teachers, parents or other service providers for self-evaluation.

How is your agency or organization doing (scale of 1-5) with respect to:
(1 is poor, 5 is excellent)

1. Accessibility:

- financial & administrative support for broad range of activities _____
- accommodates diverse needs _____
- provides supportive environment to clients _____
- counters misunderstanding; reduces discrimination _____

2. Comprehensiveness:

- both formal & informal learning used _____
- collaboration amongst providers _____
- sexuality linked to all aspects of person _____
- education & access to services linked _____
- access to & content of resources does not discriminate _____

3. Approach:

- emphasizes self-worth & dignity of individual _____
- education instills awareness of impact of behaviour _____
- facilitates positive attitudes and decisions _____
- balances enhancement of pos. & prevention of neg. outcomes _____
- covers knowledge, skill, insight and feelings _____
- variety of learning styles included _____
- aims to strengthen positive awareness _____
- provides access to services needed _____

- assists people with trauma _____
- supports individual rights of choice _____
- includes media literacy training _____
- encourages support of caregivers _____
- strengthens avenues for peer support _____

4. Training and Competencies:

- commitment to training of professionals _____
- high level comfort with sexual health issues _____
- extensive knowledge of sexual health _____
- competent in specific skills required _____
- rapport with and respectful of diverse people _____
- positive & sensitive communication skills _____
- sufficient administrative support & time _____
- regular and quality in service training _____
- opportunities for caregivers' learning _____
- opportunities for peer support training _____

5. Evaluation:

- planning based on broad needs assessment _____
- planning based on up-to-date research _____
- objectives based in realistic awareness _____
- regular evaluation re: objectives _____
- regular chances for clients to assess _____
- aim: to strengthen and enhance social environment _____

Talk with others, including youth, about your findings and how you can make changes.

Researcher's Reflections on this Study

Researcher's Reflections

Many people were involved in the creation of this report. I am very grateful for the time and enthusiasm given. My hope is that you will find your words within the collective voice of this document, and that you will find that voice strengthened. On a personal note, I wish to share my reflection on what it has been like to be involved in this research project. Like many adults, I knew little about youth sexuality. I too wondered why so many youth were practising unsafe sexual behaviours, and thought that 'they' had a problem.

My eyes have been opened. I am grateful to the youth of this survey for their honesty and humility. Their sharing of their experience has helped to move me out of my denial and into a greater awareness of my responsibilities as a parent. My children are benefitting.

I have drawn the following analogy to illustrate my increasing awareness of my role as parent. I have used a much less taboo subject to draw the comparison.

I have a son, aged 14, who, like his peers, wants to become an adult. He wants to drive a car, and he wants to have sex. If I left the car in the driveway with the keys in it, if I never gave him guidance about where and with whom he could be, never spoke to him about what is safe, legal, responsible driving behaviour, didn't model and describe appropriate driving behaviour myself, and if the images seen on television and in the movies were all of popular, attractive youth who were careless, exploitive drivers — if this is all my son is given to guide him in his own behaviour, what are the chances of his first and following driving experiences being safe, positive ones? What are the chances of his life as a driver being a long and pleasurable one? It would be irresponsible of me to ignore his desire to drive, and his need to know about the ways to be considerate and safe. It would be negligent of me not to educate him about the consequences of careless driving. It would be irresponsible of me not to accept my role as a major influence of who he will be as an adult driver.

I cannot be silent and hope he won't be interested until he is 20 and that he is able to get the education he needs somewhere else. I need to be aware now, to engage him in discussion now, ask him about the driver education he is getting in school, and accept, empower and celebrate his growing into a self-determining human being.

Similarly, it would be negligent of me not to guide my son toward choosing safe, considerate and loving sexual experiences, not to model healthy sexual attitudes and counter the media and peer images he is getting of careless, exploitive relationships. It would be irresponsible of me to ignore his desire to grow in his understanding of his sexuality, and to hope he gets all the education he needs somewhere else.

Rather, I choose to celebrate his growing into his own sexuality, and hope that my modeling and my engaging him in conversation empowers his making healthy choices for himself. In just three years, my opportunity to have influenced his attitudes and behaviours as a driver, and as a sexual being, will have passed. If I have done my work well, he may choose to continue to talk with me. If I haven't, he won't. I need to Loosen Up and Start Talking - Now!

I now see more clearly how important it is that we, the adults, educate and model **healthy sexuality**. We are a culture in denial about many things. Sexuality is one area of our being that holds a lot of fear and shame, and hence silence. To heal our attitudes and fears around sexuality would be to heal our physical, emotional and spiritual selves, our personal relationships, our families and our communities. The personal, social and economic benefits of having a sexually healthy population would have a huge impact on all of us.

I would like to thank the following people for their involvement in this project. Thank you to: Planned Parenthood Nova Scotia (PPNS) for their insight that led to the initiation of this research project; the Nova Scotia Department of Health for their recognition of the importance of this subject and their consistent support; Cari Patterson, executive director of PPNS, for her encouragement, faith and friendship; Laurel Taylor, office manager of PPNS, for her reliable support; my partner, Rose Johnston for insightful writing assistance and considerable home support; Jackie Stevens for her abilities as a facilitator and knowledge as a sexuality educator; Trudy Watts for excellent research assistance; Dr. Angela Gillis for her critique of the literature review; Janice Gill for a fine editing job despite the 'flu; all of the providers of sexual health resources who took time from hectic schedules to be interviewed; Sabrina Thurlow for preparing the cover illustration; and the 220 youth who agreed to be interviewed. Finally, I wish to acknowledge the youth who willingly and sensitively conducted the interviews. You were all a pleasure to work with.

Appendix A

Literature Review Summary

APPENDIX A - LITERATURE REVIEW SUMMARY

A complete literature review with full references and the service providers survey is available in a separate document *Technical Report* available from the Nova Scotia Government Bookstore at 1700 Granville St., Halifax, Nova Scotia.

Executive Summary

"Sexual health" as a health goal, aims to enhance life and relationships. It is an integral aspect of the overall health and well being of every person. Access to the resources needed to attain sexual health is an internationally recognized human right. What is now needed is public acceptance of adolescents as sexual beings who need and deserve to be provided with those sexual health education and services. Without this acceptance by Canadian society, our youth are relying on themselves and questionable sources for their sexual health, and both they and society are paying the costs. On the other hand, acceptance of and action for positive, responsible youth sexuality has the potential to have a great impact on our whole social fabric.

A tragic expression of the failure to support young people in dealing with their sexuality is the high incidence of pregnancies, abortions and STIs among adolescents. In too many cases, worldwide, an unfounded fear that resources will increase sexual activity amongst youth is keeping adolescents from the knowledge, attitudes and services that could best protect them and enhance their lives as full human beings.

It is ignorance, not the provision of education and services, that leads to problems. Research has shown that when an acceptance of adolescent sexuality prevails, and a belief in openness and access to resources is adopted, the quality of sexual health services and education for adolescents improves, resulting in improvements in sexual health, including a reduction in unwanted pregnancy and STIs. While programs that aim at reducing sexual activity, pregnancy or abortion are generally not successful, those that aim to prepare adolescents for responsible, healthy, enjoyable sexual experience have proven to reduce problems.

Lacking in the services and education that would promote sexual health, youth are vulnerable and at great risk of negative outcomes from sexual experiences. There is a high level of sexual activity reported amongst teenagers, estimated to be at least 52% for 16 year olds. And although condoms are a favoured type of contraceptive because of its effectiveness and ease of use, the majority of youth do not use condoms consistently.

One result of this lack of protection is that 15-19 year old women have the highest reported infection rate of chlamydia and gonorrhea. In 1993 in Nova Scotia, 36% of the reported cases of chlamydia were youth aged 19 or under, and 48% of the cases of gonorrhea. Many youth don't seek help for STI infection, or seek it late, resulting in greater personal damage and a continuation of the reinfection cycle.

In 1992, the Nova Scotia pregnancy rate amongst 15-19 year olds was **48 per 1000**. This figure translates as 1 in 21 young women facing a pregnancy every year in this province. Two-thirds continue the pregnancy, while approximately one-third choose abortion. The abortion rate for 1992 in Nova Scotia was 14 per 1000 young women. For those who keep their babies, more than half of the teen mothers never complete high school. Sixty-two percent of single mothers 18 years old and under in Canada live below the poverty line.

Youth also report high levels of emotional problems and abuse. Amongst high school students, 33-36% have reported experiencing depression; 25-27% have suicide thoughts, and 37-41% say they keep their problems to themselves. Four of every 10 reported cases of sexual assault in Nova Scotia have teenage victims. One in eight girls is sexually assaulted before reaching the age of 17.

The extent of youth's sexual activity, high risk behaviour and abuse and the consequences of these behaviours (STIs, unwanted pregnancy, abortions, emotional and physical trauma) may be surprising. All studies of the issues surrounding youth's sexual health come to similar conclusions. Youth are at risk, and our society is not providing the protection and assistance needed.

The impact on youth of the lack of resources is severe. An avoidance of sexual health issues that cause discomfort and that includes conflicting values and beliefs amongst adults results in a lack of greatly needed sexual health resources.

On a societal level, there are attitudes and behaviours that create an environment conducive to unhealthy sexual activity. Sexual health has a history of low priority, neglect and cutbacks from Canadian governments. Further, prevention programs are consistently secondary to funding for problem treatment programs. As a result, provision of sexual health resources has relied heavily on underfunded, non-government organizations and volunteers. This marginalization of sexual health results in a failure to develop comprehensive, accessible services integrated into the mainstream health system. As well, health care providers and educators are inadequately trained and monitored in the quality of care, and youth too often get their information too little, too late.

Besides promoting unsafe sexual activity, these conditions foster late diagnoses for pregnancies and STIs when health care is needed. Sadly, the professionals who are supposed to be providing the sexual health education and services are often not seen as approachable or trustworthy. The common absence of clear and healthy direction from parents is not being compensated for by comprehensive, confidential, nonjudgemental, systematic sexual health resources from society.

Another attitude in our society that promotes unhealthy sexual relations is the double standard applied to males and females around sexual activity. Females, for instance, are often reluctant to seek birth control because of the negative images of young women who plan to have sex.

Many in our society - including teen moms, HIV+ women, black, native, gay, lesbian, disabled and homeless youth - experience extensive barriers to accessibility of needed services. The list of barriers is long: stigma, discrimination, lack of positive role models, physical inaccessibility, language barriers and low self-esteem to name a few. Unless professionals dealing with sexual health issues have specific and direct clinical training, they will continue to feel unprepared to fully respond to the needs of their total caseload.

The *Canadian Guidelines for Sexual Health Education* (1995) agree that sex education along with increased access to sexual health clinics is associated with significant declines in teen pregnancy rates and a delay of first intercourse, two measures of youth sexual health. The International Planned Parenthood Federation believes "it is unethical to provide education alone without access to the services that will allow young people to take care of their own health."

Research of successful sexual health promotion efforts where significant improvements resulted indicate the conditions which foster this effectiveness:

- a positive youth focus, and an attempt to respond to youth needs rather than adult limitations;
- opportunities for peer discussion and support for the development and clarification of values and attitudes; removal of gender or other status inequalities and promotion of attitudes against exploitation;
- acceptance and comfort with sexuality and individual choice;
- mandated, systematic sexual health education that promotes mutuality and informed, responsible decision-making, along with accessible, local sexual health clinic services;
- community and intersectoral collaboration that reinforces a positive, problem prevention message;
- outreach to those with special needs or in crisis; and
- healthy public policy that is developed into guidelines, mandated and supported (with budgets, staff training and administrative support) and that is evaluated with client input.

When one looks at the level of risk youth experience in today and the many determinants of potential illness, abuse and poverty, that affect their daily lives, and the high cost to society for these negative outcomes, it is clear that a focus on prevention and health promotion is critical.

Appendix B

Overview of Survey of Services of Providers of Sexual Health

APPENDIX B - OVERVIEW OF SURVEY OF PROVIDERS OF SEXUAL HEALTH SERVICES

To provide a background for the voices of the youth who were interviewed by the Nova Scotia Sexual Health Needs and Resources Assessment, interviews of providers of sexual health resources from around the province were also completed. Providers were asked to talk about the services that promote sexual health that they offer, their strengths and limitations as an organization or agency, and their perceptions of unmet need in their communities.

A total of thirty-seven providers were interviewed in the fall of 1995. This research, while certainly not all-inclusive¹, gives a picture of the current capacity of Nova Scotia to provide the education and services needed by youth for their sexual health. The words of these providers were remarkably similar to the perceptions of need heard from the youth in that resources for sexual health are spread much too thinly. The providers interviewed were reported by their communities to be the best local (or provincial) sources for sexual health. The following charts present the picture of Nova Scotian Sexual Health Resources being offered in the health regions and provincially. These tables contain a listing of providers, services each provide and comments from each of them. This information can be used for reference or for networking on sexual health issues.

One clear finding of this research is that Nova Scotia does have excellent models for the provision of sexual health education and services - models that can be expanded upon and transferred to other communities. Many of these providers have found ways of improving their accessibility to youth, and youth are seeking them out. They are working at full capacity to try to respond to clients' needs, and are looking for ways to be able to offer more. Groups who want to develop sexual health resources for their own local area can learn from and adapt these models to their particular community. Providers interviewed showed a great willingness to share what they are learning.

1 Time constraints resulted in some providers being missed.

The charts give the individual flavour and comments of the providers interviewed by health region. The interviews held *many similar themes*, summarized below:

- "The biggest barriers to sexual health are the hang-ups society has around even talking about sexuality in a positive way." Adult awareness and sensitivity must be increased.
Current levels of available resources don't meet the needs for crisis intervention, let alone good prevention services. Sexual health providers are stretched to the limit in terms of overworked staff, limited space and limited funding. These providers do work with other community agencies and organizations to share resources, but there is still too little offered.
- Rural youth, in particular, are disadvantaged by the void of resources for sexual health available in rural communities. Unless they have sexually aware and supportive parents, these youth often have no opportunity to attain or protect their sexual health.
- Lesbian and gay youth needs are not being met. Homophobia makes schools and streets unsafe. Heterosexism limits their opportunities to see themselves reflected in society and therefore to feel good about themselves. Lesbian and gay youth need spaces that are safe for them, positive role models and support from their communities.
- There is a focus on prevention of teen pregnancy, but teen moms also need support. Their needs are beginning to be acknowledged and addressed by Family Resource Centres and other Health Centres, but they need much more support from schools and communities to prevent the likelihood of a life of poverty for these young women and their children.
- Sexuality education is not taken seriously by the school system. There is too much teacher discretion for what will be taught; no teacher training; too little repetition of sexuality curriculum throughout the school years; and too little institutional support for the subject.
- Youth outside of the school system have even fewer chances of access to sexual health education or services.
- Education without access to sexual health services is inadequate and ineffective. Youth access to confidential services for their physical and mental health is severely limited.
- Youth don't plan ahead. They need information and services to be convenient and available to them in the moment they need them. Youth services must be available on a regular basis.

- Youth won't access services if they don't feel safe. They need a confidential, comfortable, nonjudgemental place that is for them. For health services to be accessible to youth, they need to have a youth focus and be designed for and with youth.
- When physicians, teachers and counsellors are unprepared to deal with youth sexual health, more strain is put on the few good sexual health resources that are available. Professionals who work with youth should all have training to increase knowledge, comfort level and competency for Sexual Health promotion. Youth need quality professional care.
- Planned Parenthood is an essential resource to those providers who have local access to them. Community agencies and organizations count on Planned Parenthood for sexual health services, expertise and materials. Those who don't have access to this resource, particularly rural communities, are asking Planned Parenthood to increase their availability.
- Overall evaluation and planning for sexual health resources is generally not done by providers, except for informal or post program requests for feedback from clients. Neither resources nor time are set aside to evaluate the effectiveness of the services provided.

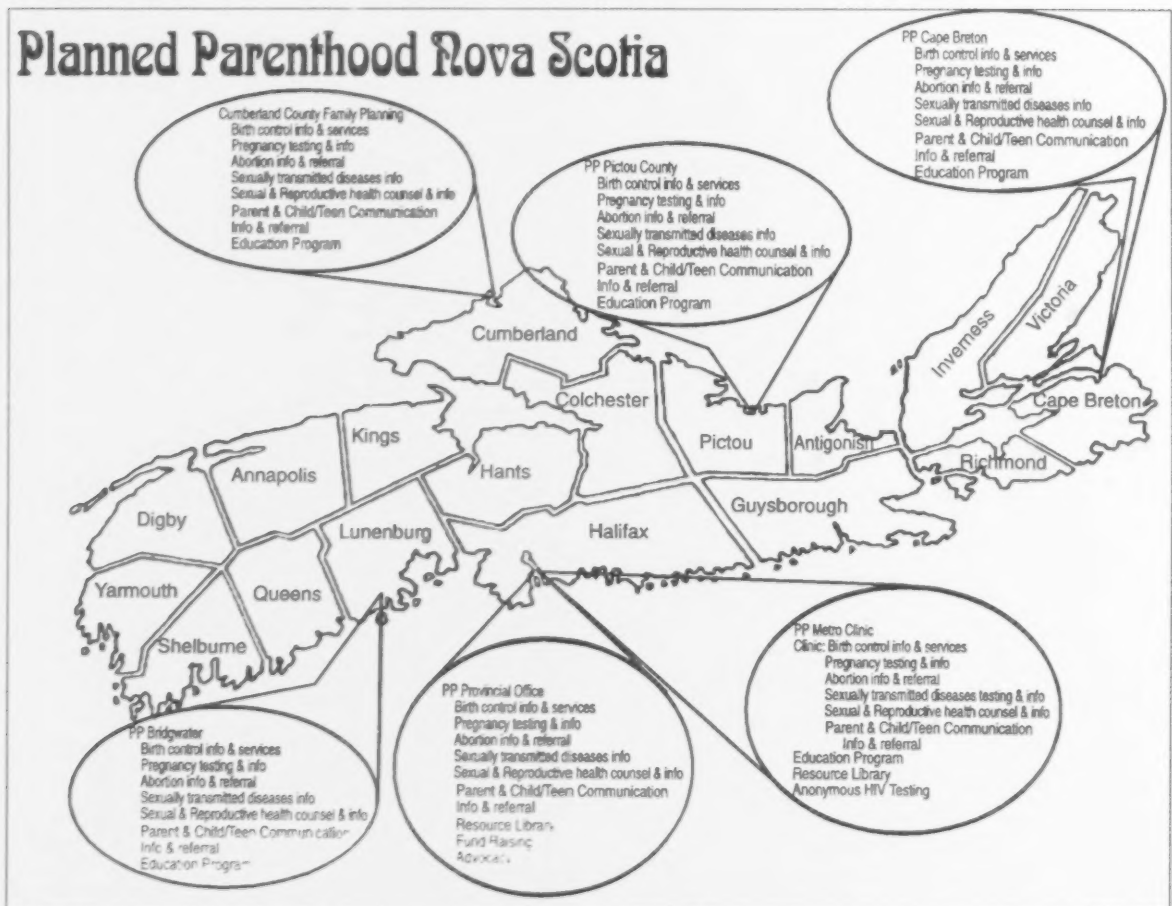
Appendix C

Sexual Health Service Providers

- Planned Parenthood Nova Scotia and Affiliates
- Public Health Services

APPENDIX C - PLANNED PARENTHOOD NOVA SCOTIA AND AFFILIATES

PPNS is committed to the promotion of sexual health. Its aim is to enhance every person's ability to make positive and responsible decisions regarding her or his sexuality, and to prevent undesired outcomes, such as unwelcomed pregnancy, abortions and sexually transmitted infections (STIs). PPNS provides education, clinical services, and a safe place where help and support are readily available to all, with a focus on youth.



APPENDIX C - PUBLIC HEALTH SERVICES
SEXUALITY EDUCATION RESOURCE NURSES

Public Health Services
201 Brownlow Avenue, Unit 4
Dartmouth, Nova Scotia
B3B 1W2
Phone: 902-481-5800
Fax: 902-481-5803

Public Health Services
235 Townsend Street, 2nd floor
Sydney, Nova Scotia
B1P 5E7
Phone: 902-563-2400
Fax: 902-563-0508

Public Health Services
Colchester Regional Hospital Annex
201 Willow Street, 3rd floor
Truro, Nova Scotia
B2N 4Z9
Phone: 902-893-5820
Fax: 902-893-5839

Public Health Services
23 Earnscliffe Avenue
P.O. Box 1180
Wolfville, Nova Scotia
B0P 1X0
Phone: 902-542-6310
Fax: 902-542-6333

..... Just Loosen up and Start Talking!

A summary of the Nova Scotia Youth Sexual Health Needs and Resources Assessment

WHAT WE DID ...

This research project was prompted by the experience of Planned Parenthood Nova Scotia (PPNS) working with youth.

Through the provision of daily services, it became clear that services are not available everywhere that they are needed.

Outside of PPNS offices, there seemed to be few environments for young people to obtain the information and services needed in an accepting, respectful, confidential, non-judgmental way.

The Nova Scotia Dept. of Health also recognized that there were significant gaps in sexual health resources in the province and thus provided financial and advisory support to the project.

The aim of this research project was to provide a basis upon which to begin strengthening youth sexual health services using youth involvement in the needs assessment process.

Sexuality

WHY WE DID IT ...



"Sexuality", for the purposes of this study, is a basic and natural part of every human being and includes issues of self-esteem, personal relationships, values, beliefs, socialization, responsibility in decision making as well as issues of choice in sexual activity.

The World Health Organization defines "Sexual Health" as the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual health involves freedom from disorders or diseases that interfere with sexual and reproductive function.

A community action research approach was chosen for this project: so that youth would be directly involved in the project in a way that would stimulate their learning and empowerment; to increase awareness of issues of sexual health; and to facilitate involvement of both youth and providers of sexual health resources to help shape the final results and recommendations.

Let's talk about it!

Who We Talked To ...

Counties: Our youth interviewers talked to youth from every county in Nova Scotia, based on the county's percentage of the Nova Scotia youth population..

No. of interviews per Health Region:	Western	48
	Central	90
	Northern	32
	Eastern	50
	Total	220

Rural Youth: Because we are particularly interested in their lack of access to resources, two-thirds of the youth surveyed live in the rural counties and towns of Nova Scotia.

Gender: Findings reflect the experience of both young men (49%) and young women (51%).

Sexual Orientation: 15% of the youth surveyed are lesbian or gay.

Age of respondents (14-24 years):	age 14-16	29%
	age 17-19	40%
	age 20-24	31%

Nova Scotia Youth Talk About ...

Parents ...

rate high as positive sources of sexual health education when they are: available, easy to talk to, trustworthy, non-judgmental and straightforward.

32% of youth, however, report that their parents are either silent, absent or unhelpful.

Sexual Activity...

79% identified themselves as sexually active and almost three quarters of them said the experience is positive.

57% of these youth report not always using protection from pregnancy or sexually transmitted infections (STIs). They believe they are safe!

Sexual Health Resources ...

One third say they are simply not able to access sexual health services and education in their home community.

Over 40% of the youth say they would not seek help of any kind after being sexually abused – for reasons of fear, shame or embarrassment.

School Sex Education ...

Youth responded that they liked being taught the basics about sex. They say that they also want sex education at the higher grade levels as they mature and have more questions and they want better prepared, more comfortable teachers.

Literature Review Summary

Research of successful sexual health promotion efforts where significant improvements resulted indicate the following conditions which foster this effectiveness:

- a positive youth focus, and an attempt to respond to youth needs rather than adult limitations;
- opportunities for peer discussion and support for the development and clarification of values and attitudes; removal of gender or other status inequalities and promotion of attitudes against exploitation;
- acceptance and comfort with sexuality and individual choice;
- mandated, systematic sexual health education that promotes mutuality and informed responsible decision-making, along with accessible, local sexual health clinic services;
- community collaboration that reinforces a positive, problem prevention message;
- outreach to those with special needs or in crisis; and
- healthy public policy that is developed into guidelines, mandated and supported (with budgets, staff training and administrative support) and that is evaluated with client input



*Your sexuality lasts a lifetime
make it Healthy!*

Nova Scotia Youth Talk About ...

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Abuse ...

One third of the youth report having had a sexual experience forced upon them.

40% of those who had an unwanted, forced sexual experience sought no help at all.

Being Lesbian or Gay ...

Doctors, teachers and counsellors assume heterosexuality. Gay and lesbian youth live with this prejudice on a daily basis. Those fortunate enough to find support in a gay community do not feel completely safe, but at least are able to talk about feelings and concerns.

Peers ...

Youth value the advice of their friends and friends are the first choice for help with a sexual problem. For many, peers are the first contact for issues of sexuality.

Just under half of the youth say peer attitudes do impact on their behaviour.

Doctors ...

Youth have a high level of trust in the information given to them by doctors. They are second only to friends as someone to whom youth would go if they have a problem now.

Providers Survey Summary

To provide a background for the voices of the youth who were interviewed by the Nova Scotia Needs and Resources Assessment, interviews of providers of sexual health resources from around the province were also completed.

They said:

- The biggest barriers to sexual health are the hang-ups society has around even talking about sexuality in a positive way.
- Rural youth, in particular, are disadvantaged by the void of resources for sexual health available in rural communities.
- Lesbian and gay youth needs are not being met. Homophobia makes schools and streets unsafe.
- Sexuality education is not taken seriously by the school system.
- Youth outside of the school system have even fewer chances of access to sexual health education or services.
- Education without access to sexual health services is inadequate and ineffective.
- Youth don't plan ahead. They need information and services to be convenient and available to them in the moment they need them.
- Youth won't access services if they don't feel safe.
- Planned Parenthood is an essential resource to those providers who have local access to them.

Facts About Youth ...

- Youth are sexually active! 79% of them. 60% of them have had sexual intercourse by the age of 16.
- Youth are not safe! 33% of them have had a sexual experience forced on them. 40% of those victims received no help at all, and only a quarter of them found any assistance received helpful.
- For many youth the only accessible source of sex education is in school. The teachers of that sex education; however, are not trained, and therefore have not developed the comfort and expertise required to teach and model healthy sexuality. Youth, on the other hand, are clear that they need a forum with youth-positive adults where they can learn about their bodies, their relationships, and themselves.
- Youth receive many messages about sexuality from parents, peers, tv, and teachers. The only message with a consistent level of impact is "Don't be gay!"



Nova Scotia Youth Recommend ...

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... to Other Youth

- Sex should only be with someone you love.
- Be safe. Don't let yourself be pressured.
- Wait until you are responsible in case something goes wrong.
- Talk with your parents.
- You really want to find out the background of your partner.
- Abstinence is a responsible, important choice. It takes away the pressure of sex.
- Sex is great if you do it with someone you love.
- Be yourself. Don't do anything you don't want to do.
- Know who you are sleeping with and take the time to protect yourself.
- Sex is for you, not for anyone else, when you are ready.
- If you have good self-esteem, most of the other problems go away.
- Your sexual identity is personal, individual and changeable.

... to Adults

- Everyone needs to learn about sexuality from an open, positive perspective.
- Educators are in power positions and need social skills to be more compassionate, open and insightful.
- If we learned to communicate and understand each other better, sex might be less of a "problem".
- We have information, but we need to talk so we can understand feelings.
- There are no professional places where kids can talk about sex, with each other and with a counsellor.
- Society should look at why we have problems with teen pregnancy and STIs. We must push to change and open up the tunnel vision of people in our lives.
- We need support groups for teens abused by partners.
- We need opportunities and activities where youth can meet in rural communities with positive role models of different sexual orientations.
- Kids need to be reached. They're having sex younger and younger.
- Include lesbian, gay and bisexual people.
- Planned Parenthood is needed in the rest of the province.
- Youth should be trained to talk to school kids about sexuality; youth who are self confident and not afraid to answer questions.
- It is absolutely necessary to correct the problems in the teaching of sexual education and in resources not being readily available. Unless corrected, we are going to be faced with increasing teen pregnancies, numbers of unwanted children, increasing poverty, and higher taxes because of the number of teen moms on social assistance! Something needs to be done - (teen mom).
- Just loosen up and start talking!

"Just Loosen Up and Start Talking"
Technical Report is available from
Government Publications
424-7580 or 1-800-526-6575

..... Détendez-vous et Parlons – en!

Aperçu des résultats de l'évaluation des besoins des jeunes néo-écossais et des ressources à leur disposition en matière de santé sexuelle

CE QUE NOUS AVONS FAIT...

Ce projet de recherche fut motivé par l'expérience de Planned Parenthood Nova Scotia (PPNS) auprès des jeunes.

Les services quotidiens offerts ont révélé des lacunes par rapport aux services nécessaires pour répondre à tous les besoins partout où ils se manifestent.

Il semblerait exister peu de milieux, à l'extérieur des bureaux de PPNS, où les jeunes peuvent trouver les renseignements et les services qu'ils cherchent, en toute confidentialité, auprès de personnes qui ont une attitude ouverte, respectueuse et non critique.

Le ministère de la Santé de la Nouvelle-Écosse s'est rendu compte des lacunes sérieuses qui existaient dans la province au niveau des ressources offertes dans le domaine de la santé sexuelle. Il s'est donc engagé à appuyer ce projet en y fournissant des conseils et des fonds.

Le but de ce projet de recherche était d'établir les bases d'un meilleur service de santé sexuelle destiné aux jeunes tout en sollicitant leur participation dans l'évaluation de leurs besoins.

La sexualité

POURQUOI NOUS L'AVONS FAIT ...



Dans le contexte de cette étude, la « sexualité » est définie comme un aspect fondamental et naturel de tout être humain et elle inclut les questions d'estime de soi, de relations personnelles, de valeurs, de croyances, de socialisation et de responsabilité dans la prise de décisions ainsi que les questions de choix par rapport à l'activité sexuelle.

L'Organisation mondiale de la Santé définit la « santé sexuelle » en termes d'intégration de tous les aspects de la sexualité de manière à enrichir la personnalité, la communication et l'amour. La santé sexuelle inclut la capacité d'apprécier et de contrôler le comportement sexuel et de reproduction sans éprouver des sentiments de peur, de honte et de culpabilité. La santé sexuelle comprend la protection contre les troubles et les maladies qui nuisent aux fonctions sexuelles et reproductives.

Le projet de recherche a choisi une approche d'action communautaire afin d'impliquer directement les jeunes et les aider à enrichir leur apprentissage et leur emprise, afin de conscientiser davantage le public aux questions reliées à la santé sexuelle et afin de faciliter l'implication des jeunes et des personnes-ressource dans le domaine lorsqu'il s'agit de définir les résultats et formuler les recommandations.

Parlons-en!

Nous avons rejoint ...

Les comtés: Nos intervieweurs ont rejoint des jeunes de tous les comtés de la Nouvelle-Écosse. L'échantillonnage était basé sur la population de ce groupe d'âge dans chaque comté.

No. d'interviews	Ouest	48
par Région Santé:	Centre	90
	Nord	32
	Est	50
	Total	220

Les jeunes des régions rurales: Puisque nous nous intéressons davantage aux lacunes dans les ressources, les deux tiers des jeunes interviewés vivaient dans les régions rurales de la Nouvelle-Écosse.

Représentativité des sexes: Les résultats représentent l'expérience des jeunes hommes (49 %) et des jeunes femmes (51 %).

L'orientation sexuelle: Cinq pour cent des jeunes interviewés sont lesbiennes ou gais.

L'âge des répondants (14 à 24 ans):	14 à 16 ans	29 %
	17 à 19 ans	40 %
	20 à 24 ans	31 %

Les jeunes de la Nouvelle-Écosse s'expriment ...

Les parents ...

Les jeunes attachent une grande importance aux parents comme source d'éducation sexuelle lorsque ceux-ci sont : disponibles, ouverts à la discussion, dignes de confiance, non critiques et francs.

32 % des jeunes rapportent néanmoins que leurs parents sont soit silencieux, absents ou peu secourable.

L'activité sexuelle ...

79 % des jeunes se sont dits actifs sexuellement et près de trois quarts estiment que cette expérience est positive.

57 % de ces jeunes rapportent qu'ils ne se protègent pas toujours contre la grossesse et les maladies transmissibles sexuellement (MTS). Ils pensent être hors de danger!

Les ressources en matière de santé sexuelle ...

Un tiers des répondants disent qu'ils n'ont tout simplement pas accès à une éducation sexuelle ou à des services de santé sexuelle dans leur communauté.

Au delà de 40 % des jeunes avouent qu'ils ne chercheraient pas de l'aide, de quelque sorte que ce soit, après être tombés victimes d'agression sexuelle — par sentiment de peur, de honte ou de gêne.

L'éducation sexuelle dans les écoles...

Les jeunes aiment qu'on leur enseigne les éléments de base de la sexualité. Ils aimeraient aussi recevoir une éducation sexuelle dans les niveaux plus élevés. À mesure qu'ils grandissent, ils ont plus de questions à poser et ils voudraient un personnel enseignant mieux renseigné et plus à l'aise.

Sommaire des recherches documentaires

Les recherches faites sur des initiatives réussies en matière de santé sexuelle révèlent que des améliorations significatives ont eu lieu lorsque les conditions suivantes existent :

- une vision positive des jeunes et un effort pour répondre à leurs besoins plutôt que de leur imposer les limites des adultes;
- des occasions de promouvoir la discussion entre jeunes et de les appuyer dans l'élaboration et la clarification de leurs valeurs et de leurs attitudes;
- la disparition d'inégalités entre hommes et femmes ou entre autres statuts sociaux et la promotion d'attitudes qui condamnent l'exploitation;
- le développement de sentiments d'acceptation et de sécurité face à la sexualité et les choix personnels;
- une éducation mandatée et systématique en matière de santé sexuelle qui fait la promotion d'échanges mutuels et qui encourage une prise de décision responsable et informée de paire avec l'accessibilité aux services d'une clinique de santé sexuelle;
- une collaboration communautaire qui renforce un message positif et préventif;
- une action sociale qui vise à rejoindre les personnes en état de crise ou qui ont des besoins spéciaux;
- une politique publique saine qui contient des lignes directrices, qui a un mandat, qui est appuyée (par des fonds, par une formation du personnel et par un cadre administratif) et que l'on évalue à l'aide des clients.



*Votre sexualité dure toute une vie
Gardez-la en santé!*

Les jeunes de la Nouvelle-Écosse s'expriment ...

L'abus ...

Un tiers des jeunes disent qu'ils ont subi une expérience sexuelle forcée.

40 % de ceux qui ont subi une expérience sexuelle non désirée et forcée n'ont pas eu recours à de l'aide.

Être lesbienne ou gai ...

Les médecins, le personnel enseignant et les conseillers posent l'hétérosexualité comme principe de base. Les jeunes lesbiennes et gais doivent faire face à ce préjugé quotidiennement. Ceux et celles qui ont la chance de se sentir appuyés par une communauté gaie ne se sentent pas complètement en sécurité mais au moins ils ont la chance de discuter de leurs sentiments et de leurs préoccupations.

Les pairs ...

Les jeunes estiment les conseils de leurs amis et ce sont eux qu'ils choisissent d'abord pour discuter de leurs problèmes sexuels. Chez plusieurs jeunes, les pairs sont les premières personnes qu'ils approchent pour discuter de questions de sexualité.

Un peu moins de la moitié des jeunes disent que l'attitude de leurs pairs a une influence sur leur comportement.

Les médecins ...

Les jeunes ont énormément confiance dans l'avis des médecins. Ils se situent en deuxième lieu, après les amis, comme personne à donner des conseils en cas de problèmes.

Sommaire du Sondage sur les Fournisseurs de Services

Afin de mieux situer la voix des jeunes interviewés dans le cadre de l'évaluation des besoins des jeunes néo-écossais et des ressources à leur disposition en matière de santé sexuelle, certains fournisseurs de services de la province ont également été interrogés.

Voici ce qu'ils ont dit :

- Les plus grands obstacles à la santé sexuelle sont les barrières psychiques qu'entretient la société à l'égard de discussions positives sur la sexualité.
- Les jeunes des milieux ruraux sont défavorisés par le manque de ressources en matière de santé sexuelle dans les communautés rurales.
- Il n'existe pas de ressources pour répondre aux besoins de jeunes gais et lesbiennes. L'homophobie rend les écoles et les rues dangereuses.
- L'éducation sexuelle n'est pas considérée comme matière sérieuse par le système scolaire.
- Les jeunes à l'extérieur de l'école ont encore moins de chances d'accéder à des renseignements et des services en matière de santé sexuelle.
- Une éducation qui ne comprend pas l'accès à des services en matière de santé sexuelle est incomplète et inefficace.
- Les jeunes ne planifient pas à l'avance. Ils ont besoin de renseignements et de services pratiques et accessibles auxquels ils peuvent facilement accéder en cas de besoin.
- Les jeunes n'auront pas recours aux services s'ils ne se sentent pas en sécurité.
- Planned Parenthood est une ressource essentielle aux fournisseurs de services qui y ont accès.

Données sur les jeunes ...

- Les jeunes sont actifs sexuellement! 79 % le sont. 60 % ont eu un rapport sexuel à l'âge de seize ans.
- Les jeunes ne sont pas à l'épreuve des dangers! 33 % ont subi une expérience sexuelle forcée. 40 % de ces victimes n'ont reçu aucune aide, et seulement un quart ont reçu de l'aide qu'ils ont jugée utile.
- Chez plusieurs jeunes, l'unique source d'information sexuelle est l'école. Le personnel enseignant n'a cependant pas été formé dans cette matière et il ne possède pas la confiance et le savoir-faire nécessaire pour l'enseigner et agir comme modèle de comportement en matière de santé sexuelle. D'autre part, les jeunes savent très bien qu'ils ont besoin d'être encadrés d'adultes qui les estiment et qui leur permettent de mieux se comprendre et de mieux comprendre leurs corps et leurs relations.
- Les jeunes reçoivent de nombreux messages de leurs parents, de leurs pairs, de la télé et du personnel enseignant à propos de la sexualité. Le seul message qui a toujours le même impact est : « Ne soyez pas gai! »



Les jeunes de la Nouvelle-Écosse recommandent ...

... à un autre jeune

- Limite tes relations sexuelles à une personne que tu aimes.
- Protège-toi. Ne te laisse pas forcer dans une situation.
- Attends que tu sois responsable au cas où tu aurais à faire face à une situation difficile.
- Parle à tes parents.
- Renseigne-toi bien sur le passé de ton partenaire.
- L'abstinence est un choix responsable et important. C'est un moyen de se soustraire aux pressions par rapport au sexe.
- Une relation sexuelle c'est fameux quand on la partage avec une personne qu'on aime.
- Sois toi-même. Ne fais pas ce que tu ne veux pas faire.
- Connais la personne avec qui tu couches et prends le temps de te protéger.
- Les relations sexuelles sont pour toi, quand tu es prêt ou prête. Elles ne sont pas d'abord pour une autre personne.
- Si tu as une bonne estime de soi, la plupart des autres problèmes se résolvent.
- Ton identité sexuelle est personnelle, individuelle et changeante.

... aux adultes

- Tout le monde doit apprendre à connaître la sexualité avec une ouverture d'esprit.
- Les éducateurs sont dans des situations de pouvoir et ils ont besoin d'aptitudes sociales pour faire davantage preuve d'empathie, d'ouverture d'esprit et de perspicacité.
- Si nous apprenions à mieux communiquer et à mieux nous comprendre entre nous, la sexualité serait peut-être moins problématique.
- Nous possédons de l'information mais nous avons besoin de parler pour comprendre nos sentiments.
- Il n'existe pas de lieux professionnels où les jeunes peuvent parler de sexualité entre eux et avec un conseiller.
- La société devrait étudier la cause des problèmes de MTS et de grossesses chez les adolescentes. Nous devons lutter pour élargir les visions étroites des personnes qui font partie de notre vie.
- Nous avons besoin de groupes de soutien pour les adolescents et adolescentes qui sont victimes d'abus.
- Les jeunes des régions rurales ont besoin d'occasions et d'activités où ils peuvent se rencontrer avec des personnes présentant des modèles de comportement de différentes orientations sexuelles.
- Les jeunes de la préadolescence doivent être rejoints. Les premiers rapports sexuels se font de plus en plus tôt.
- Il faut inclure des personnes d'orientation lesbienne, gaie et bisexuelle.
- Le reste de la province a besoin de Planned Parenthood.
- Les jeunes qui manifestent une confiance en soi et qui n'ont pas peur de répondre à des questions doivent être formés pour parler aux plus jeunes d'âge scolaire.
- Il est absolument nécessaire de corriger les problèmes reliés à l'enseignement d'un programme d'éducation sexuelle et au manque d'accessibilité aux ressources. Sinon, nous verrons une augmentation des grossesses adolescentes, des bébés non désirés, de la pauvreté et des taxes, puisque les mères adolescentes seront bénéficiaires d'aide sociale! Il faut faire quelque chose — (mère adolescente).
- Vous n'avez qu'à vous détendre et à partager vos idées!

Le rapport technique « Just Loosen Up and Start Talking! » est disponible auprès de Government Publications. 424-7580 ou 1-800-526-6575